

Name  
in  
Full

Margaret E. Baer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredericks</i>		Town <i>Fredericks</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>12</i>	Day <i>24</i>	Age <i>63</i>	Years	Months <i>9</i>	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredericks</i>				
Occupation <i>House Wife</i>			Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John R. Baer</i>					
Father's Name <i>Barnhart Schwearing</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Catherine Cramer.</i>		Mother's Birthplace <i>Mo.</i>					
Name of person giving information <i>John R. Baer</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic nephritis</i>	How long <i>9 months</i>
Immediate <i>Uremia</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Hedger</i>
	Address <i>Frederick</i>
Accident or Suicide? <i>—</i>	

Interment at St John's Bern

"

Dec 26 - 07

Thomas P. Rice F.D.

Dr. Hedges

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

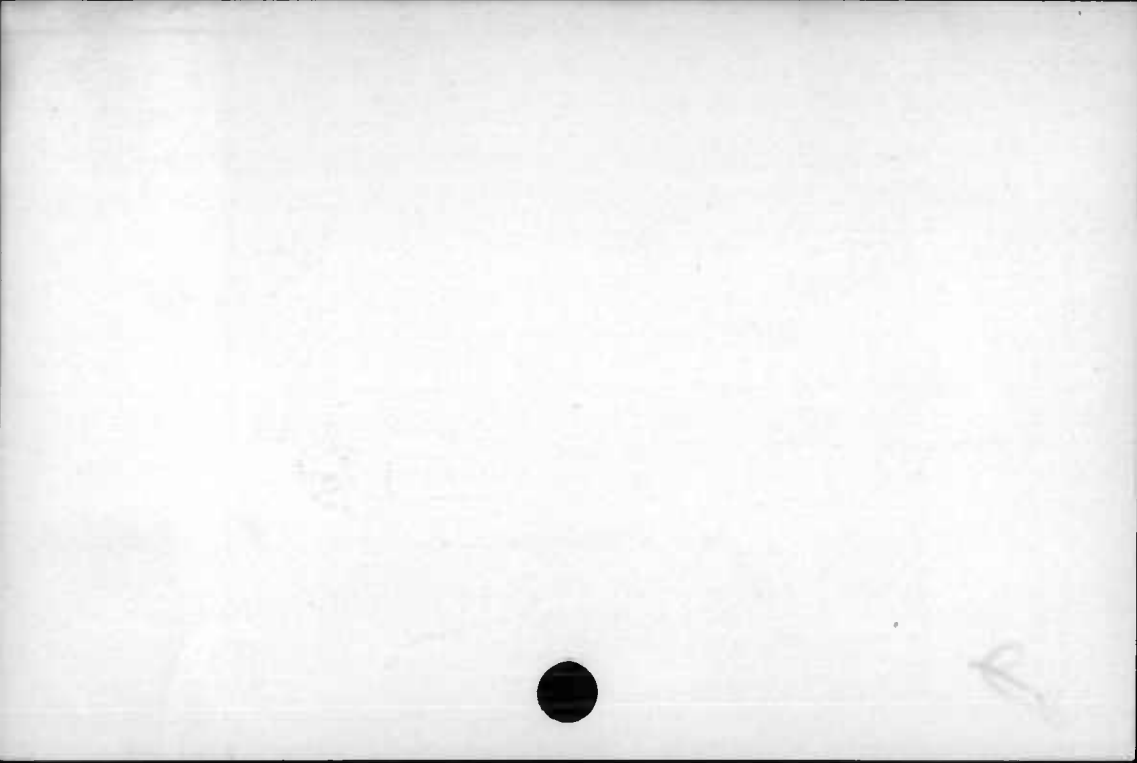
Died at <u>Linne</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>7</u>	<u>Dec</u> <sup>Month</sup>	<u>1</u> <sup>Day</sup>	Age <u>5</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>23</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>md.</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>House</u>				
Name of Wife or Husband					
Father's Name <u>Joseph Bell</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Maria Jones</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Kate Mahal</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

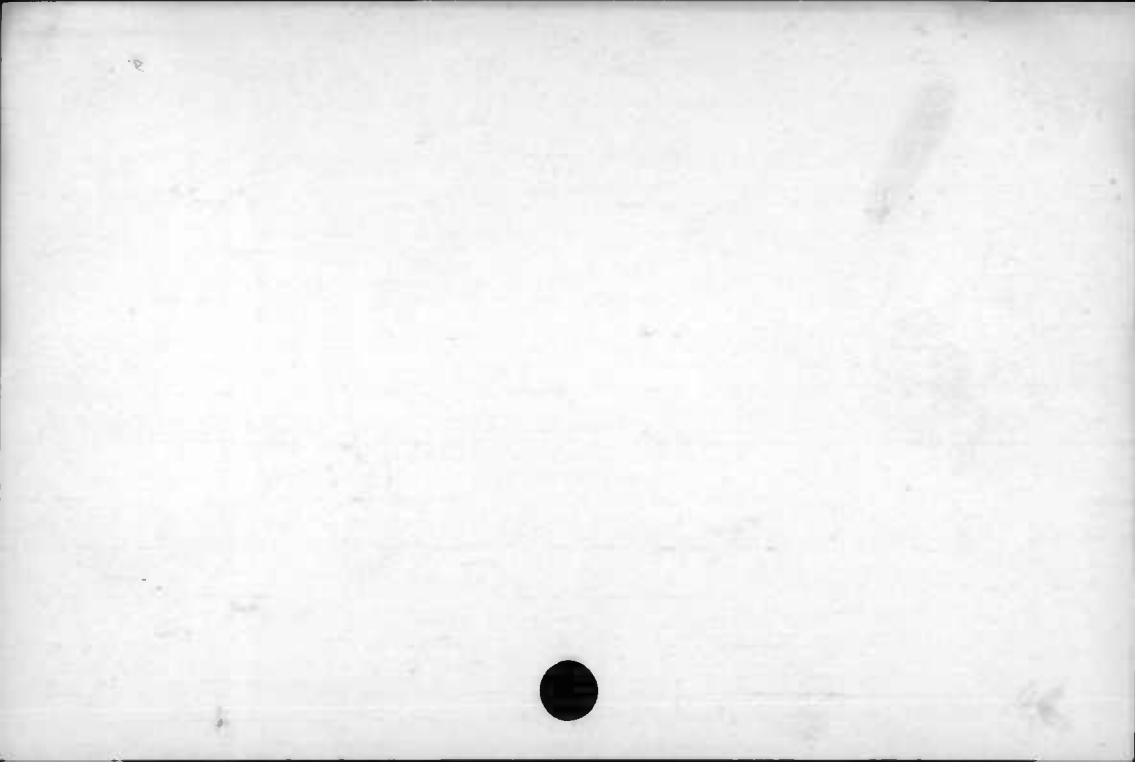
(53)

PHYSICIAN  
OR CORONER

Primary	<u>Pseudo Leucemia</u>	How long <u>4 mrs</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>T. Clyde Roden</u>
<u>J</u>		Address <u>Buckley town</u>
Accident or Suicide?	<u>—</u>	



Name in Full		Harvey Given Britanstaff				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Wolfville</i>		County <i>Fredricks</i>		MARYLAND	
		Date of death 190 <i>7</i>	Month <i>12</i>	Day <i>14</i>	Years <i>4</i>	Months	Days
		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Wolfville</i>	
		Married, Single or Widowed <i>Single</i>		Occupation <i>Child</i>			
		Name of Wife or Husband _____					
		Father's Name <i>H. R. Britanstaff</i>				Father's Birthplace <i>Wolfville</i>	
		Mother's Maiden Name <i>Ida L. Shuff</i>				Mother's Birthplace <i>"</i>	
		Name of person giving information _____				How related to deceased <i>"</i>	
		CAUSES OF DEATH		93			
PHYSICIAN OR CORONER		Primary <i>Lobar Pneumonia</i>		How long			
		Immediate <i>"</i>		<i>"</i>		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. W. Davison</i>			
				Address <i>Wolfville Md</i>			
		Accident or Suicide?					



Name  
in  
Full

Oliver Boyer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Acres Broadrun* Town*Frederick* County

MARYLAND

Date of death | 90 *7* Month *12* Day *22*Age *71* YearsMonths *7*Days *24*Sex *Male*Color or  
Race*White*Birth-  
place*Acres Broadrun*Occupation *Gardner*Where Residing if not  
at place of deathMarried, Single  
or Widowed ~~Single~~Name of Wife or  
Husband*Manzell M. Boyer.*Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation*Charles Boyer.*How related  
to deceased*Son.*

## CAUSES OF DEATH

154

Primary

*General Debility*

How long

Immediate

*Heart failure*

How long

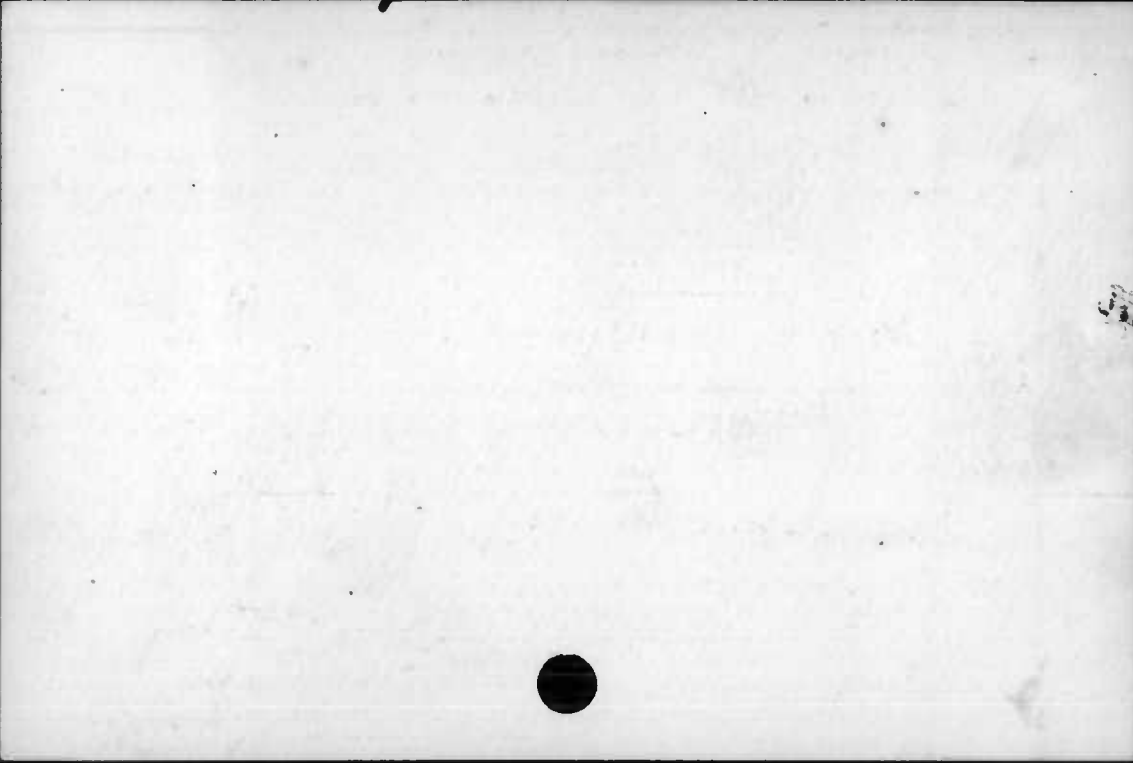
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*George Yountee*

Address

*Brinkittsville  
Frederick Co Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

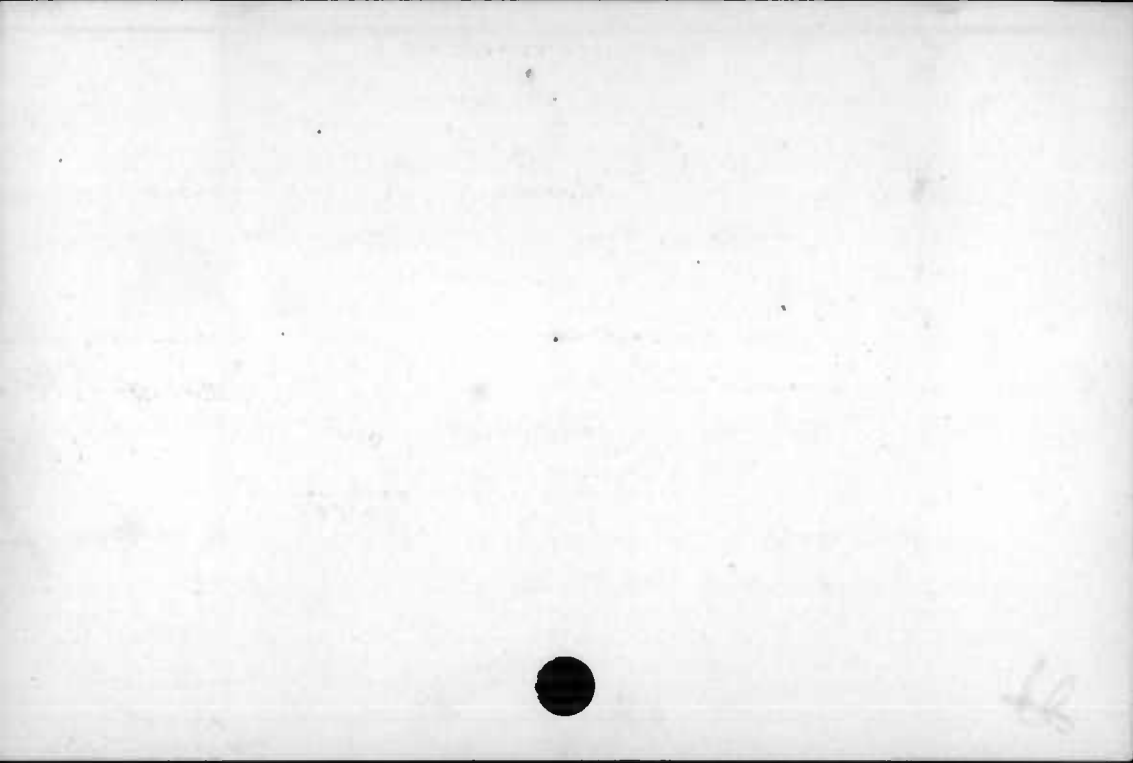
Died at <u>Centersville</u> <sup>Town</sup>		<u>Fredricks</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>7</u> <sup>Month</sup> <u>Dec.</u> <sup>Day</sup>	Age <u>8</u> <sup>Years</sup>	<u>8</u> <sup>Months</sup>	<u>8</u> <sup>Days</sup>	
Sex	<u>male</u>	Color or Race	<u>coloured</u>	Birth-place	<u>Centersville</u>
Occupation	<u>none</u>	Where Residing if not at place of death		<u>Centersville</u>	
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>George W. Bryan</u>			Father's Birthplace	<u>Centersville</u>
Mother's Maiden Name	<u>Eugenia Fisher</u>			Mother's Birthplace	<u>Centersville</u>
Name of person giving information	<u>Esia Bryan</u>			How related to deceased	<u>father</u>

## CAUSES OF DEATH

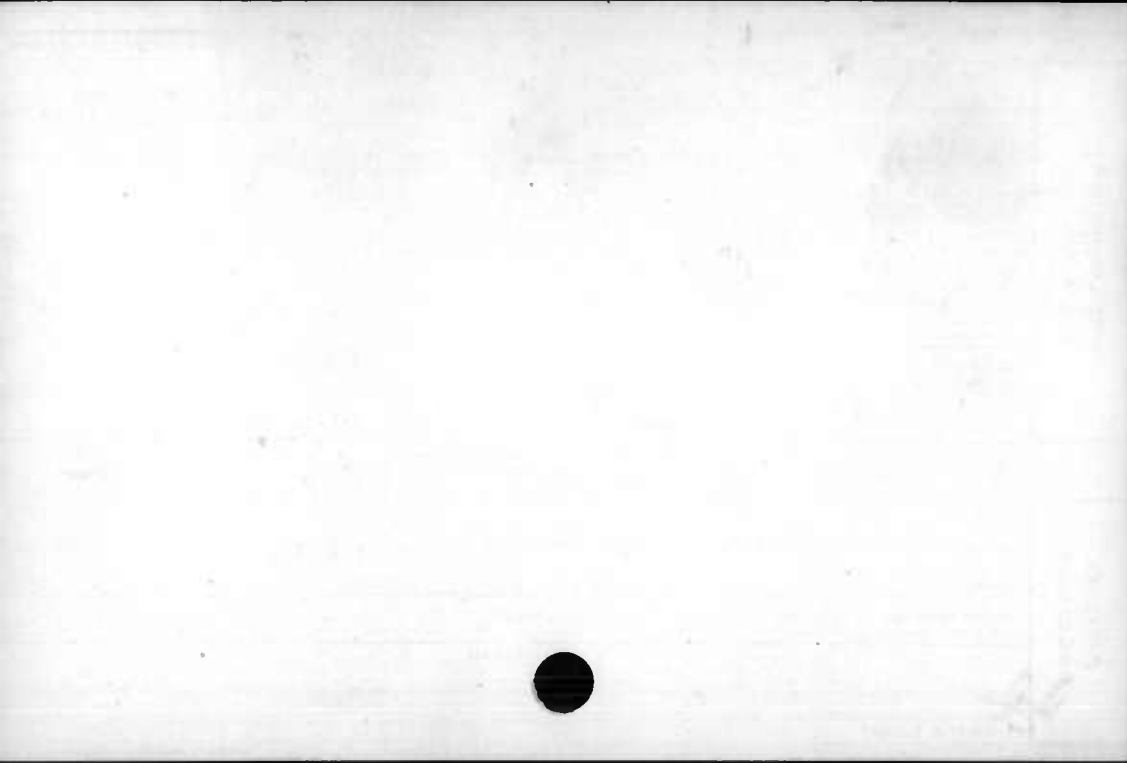
8

PHYSICIAN  
OR CORONER

Primary	<u>whooping cough</u>	How long	<u>two weeks</u>
Immediate	<u>Pneumonia</u>	How long	<u>three days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Benjamin</u>
<u>yes</u>		Address	<u>Wbana</u>
Accident or Suicide?			<u>Wid.</u>



Name in Full		Wesley Clarence Burdette				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick</i>		Town		County	
		Date of death		Month	Day	Age	Years
		1907		12	3	19	—
		Sex		Color or Race		Birth-place	
		Male		White		Frederick Co Md	
		Occupation		Where Residing if not at place of death		Months	
		Driver of Delivery Wagon		Near Mt Pleasant		11	
Marrled, Single or Widowed		Name of Wife or Husband		Days		MARYLAND	
Single		—		—			
Father's Name		Charles M Burdette				Father's Birthplace	
Mother's Maiden Name		Christiana V Cook				Mother's Birthplace	
Name of person giving information		Charles M Burdette				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Typhoid Fever				26 days -	
		Immediate				How long	
		Cardiac exhaustion				1 hour.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				R. S. Lyson.	
		Address				Frederick, Md	
Accident or Suicide?							



Name  
in  
Full

Elizabeth Cosh, Carpenter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

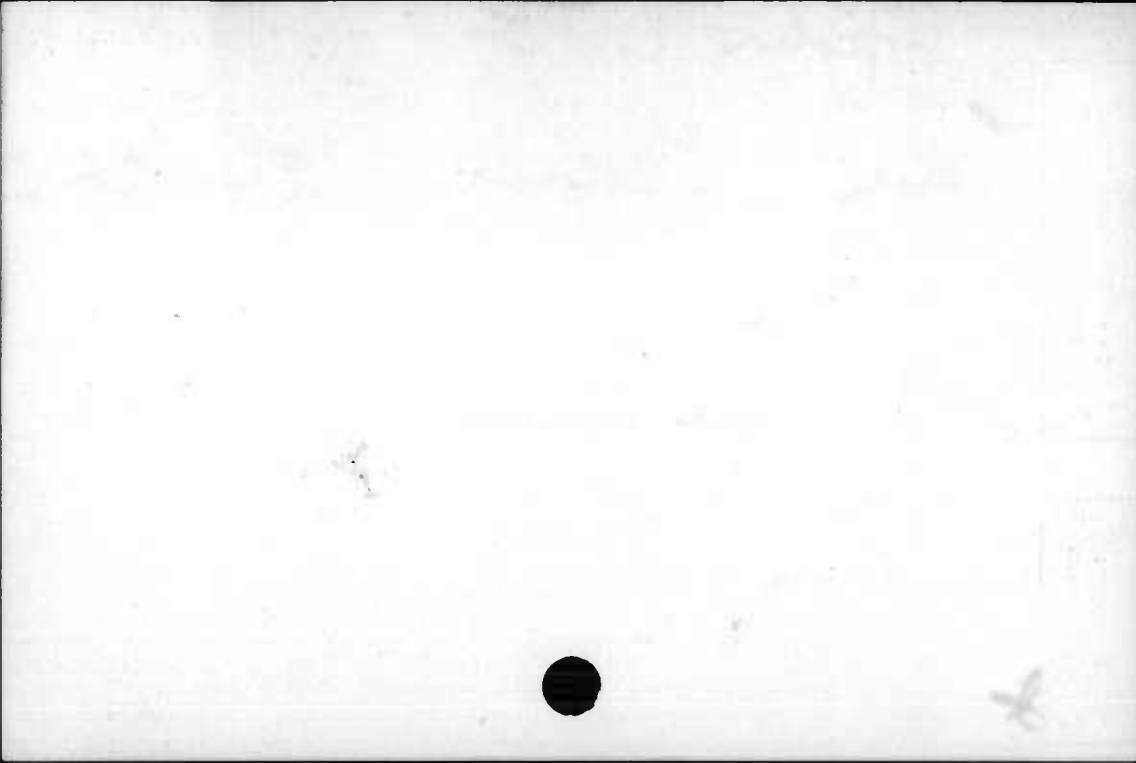
Died at <u>Burpittsville</u> <sup>Town</sup> <u>Fred. H.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>Dec</u> <sup>Day</sup> <u>23</u> <sup>Years</sup> <u>90</u>	<sup>Months</sup> <u>unknown</u> <sup>Days</sup> <u>unknown</u>		
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>	
Occupation <u>Retired</u>	Where Residing if not at place of death _____		
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>James S. Carpenter</u>		
Father's Name <u>George Cosh</u>	Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Arthur's Chre</u>	Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>David Whipp</u>	How related to deceased <u>Cousin</u>		

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <u>Debility</u>	How long <u>5 yrs</u>
Immediate <u>Gastritis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>George Hunter</u>
	Address <u>Burpittsville Ind.</u>
Accident or Suicide? <u>X</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

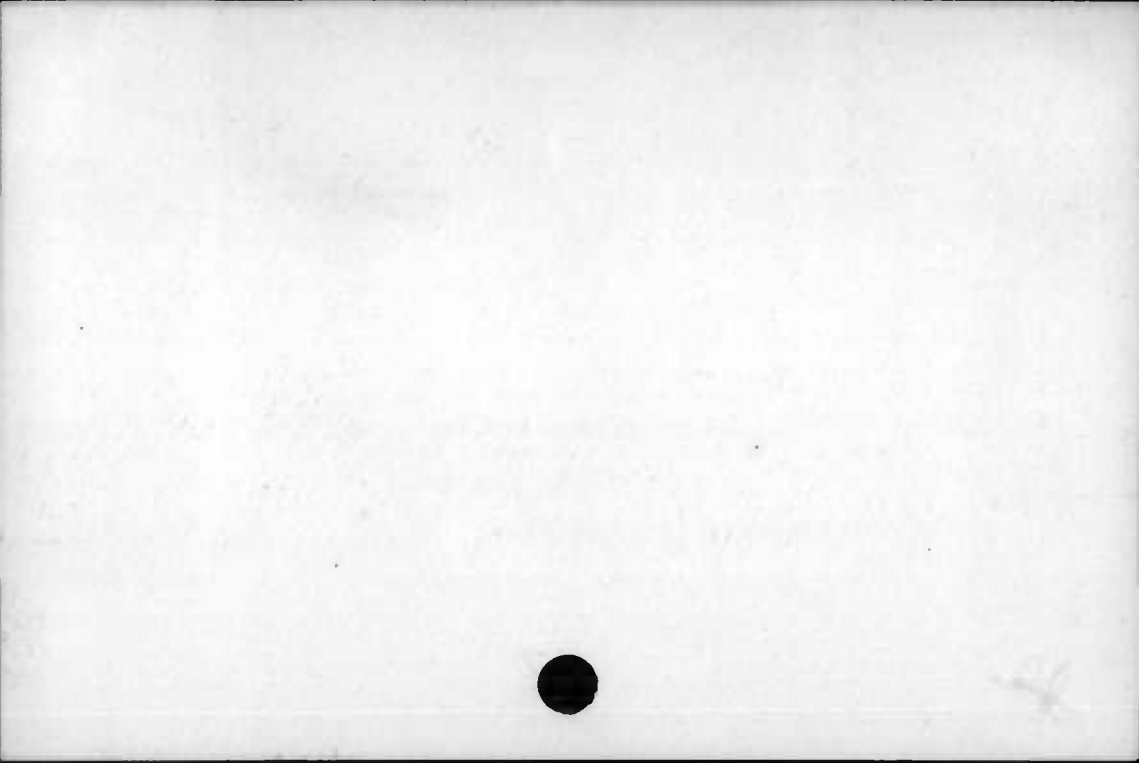
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	27	1			
Sex	Male		Color or Race	Colored		Birth-place	Emmitsburg
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			not known		Father's Birthplace		
Mother's Maiden Name			unknown		Mother's Birthplace		
Name of person giving information			Orriel Sweeney		How related deceased		
					Under taker		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Intestinal Indigestion	How long	6 days
Immediate	Convulsions	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	B. J. Jamison
yes		Address	Emmitsburg, Md
Accident or Suicide?			





Name  
in  
Full

Charles Coates

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death 190	<i>12</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>58</i> <small>Years</small>	<i>X</i> <small>Months</small>	<i>X</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Frederick Ind</i>				
Married, <i>S</i> <del>or Widowed</del>	Name of Wife or Husband <i>Frances E Coates</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Frances E Coates</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

11

PHYSICIAN  
OR CORONER

Primary <i>Gyphocid fever</i>	How long <i>2 weeks</i>
Immediate <i>Intestinal hemorrhage</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. L. Long</i>
<i>J</i>	Address <i>Frederick Ind.</i>
Accident or Suicide?	

Interment at Greenmount

" Dec 8 - 07

Thomas P. Rice F.D.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

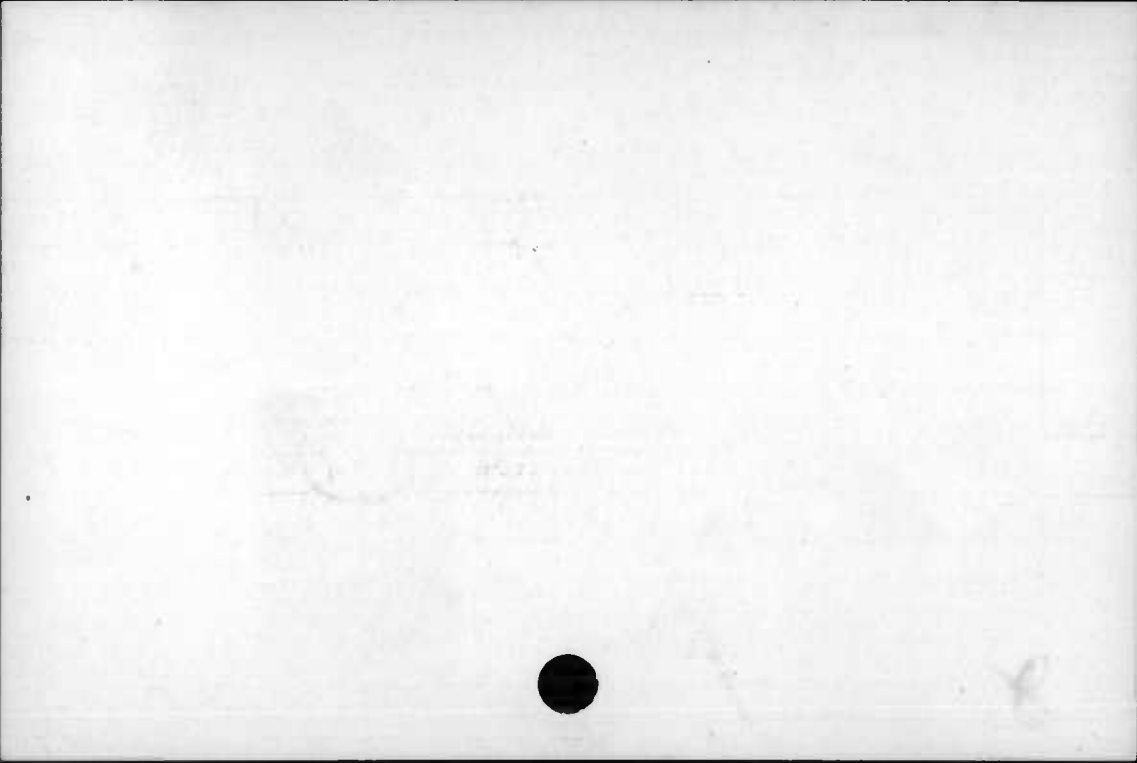
Name <i>Rosa Ellen Curtie</i>		Town <i>Thurmont</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Thurmont</i>		Date of death <i>1907</i>		Age <i>23</i>		Months <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Thurmont Md.</i>		Days <i>5</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Thurmont Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm. E. Curtie</i>					
Father's Name <i>Jacob Stitely</i>		Father's Birthplace <i>Thurmont, Md.</i>					
Mother's Maiden Name <i>Mary E. Freshman</i>		Mother's Birthplace <i>Thurmont, Md.</i>					
Name of person giving Information <i>Mary E. Stitely</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis, "Pulmonary"</i>	How long <i>3 years</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Freshman</i>
Address <i>Thurmont, Maryland</i>	
Accident or Suicide? <i>no</i>	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

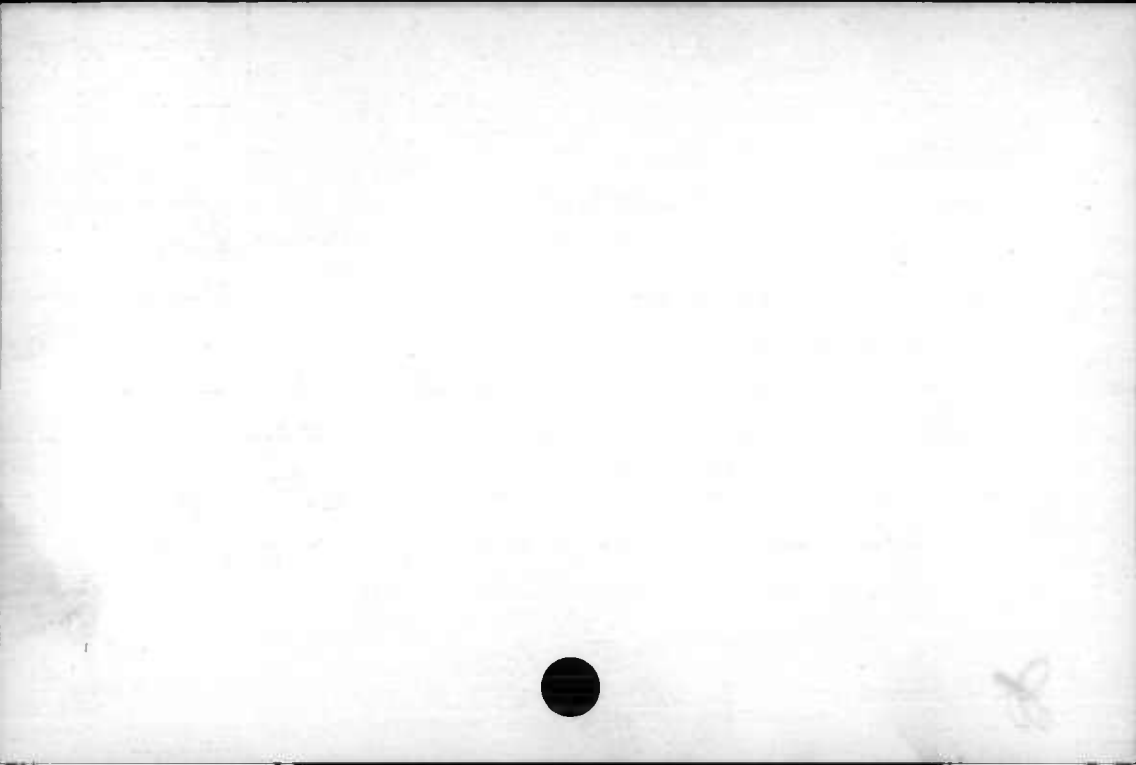
MARYLAND

Died at <i>Knoxville</i> <sup>Town</sup>		<i>Ind</i> <sup>County</sup>	
Date of death <i>1907</i> <sup>Month</sup> <i>Dec</i> <sup>Day</sup> <i>8</i> <sup>Years</sup> <i>34</i>		<sup>Months</sup> <i>4</i> <sup>Days</sup> <i>7</i>	
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Ind. Co Mo</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bessie Danner</i>		
Father's Name <i>E. A. Danner</i>	Father's Birthplace		
Mother's Maiden Name <i>Alta Barger</i>	Mother's Birthplace		
Name of person giving information <i>E. A. Danner</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

30

Primary <i>Hypertrophy of heart, Diabetes</i>	How long <i>10 Months</i>
<i>Chronic Bronchitis &amp; stomach trouble</i>	How long
Immediate <i>Heart Failure</i>	
Are the name, age, sex, color, date and place correctly given above	Signature of Physician <i>H. D. Schamel MD</i>
	Address <i>Brunswick</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

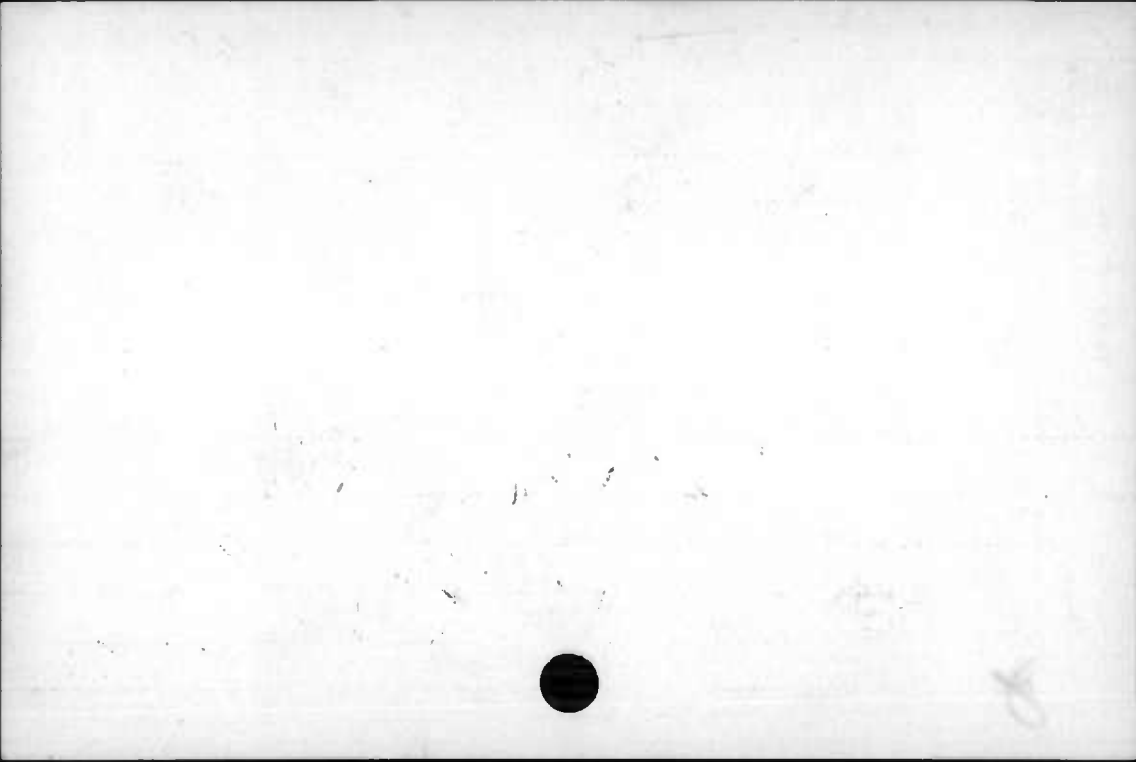
Name in Full <i>Julia Delashmuth</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>Dec</i>		Day <i>8</i>		Age <i>78</i>	
Date of death <i>1907</i>		Months <i>Dec</i>		Years <i>78</i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Jefferson Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Frederick, Md.</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Clara Delashmuth</i>					
Father's Name <i>Henry Stockman</i>		Father's Birthplace <i>Jefferson Md.</i>					
Mother's Maiden Name <i>Julia Simpson</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Son of Decedent</i>		How related to deceased <i>Son.</i>					

## CAUSES OF DEATH

(134)

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>One week</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. J. Goodell</i>
<i>X</i> Accident or Suicide?	Address <i>Frederick, Md.</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs Elizabeth M. Engelhardt -

Town

County

Died at

Indenuth

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

12

20

Age

69

7 -

x

Sex

Female

Color or  
Race

White

Birth-  
place

Middlebrook Md

Occupation

H' wife

Where Residing if not  
at place of death

x

~~Married, Single~~

Widowed

Name of Wife or  
Husband

Luther M. Engelhardt -

Father's  
Name

Adam Rutzahn

Father's  
Birthplace

Middlebrook

Mother's  
Maiden Name

Mary Proffminger

Mother's  
Birthplace

" " "

Name of person giving  
information

C. C. Leahy

How related  
to deceased

None

## CAUSES OF DEATH

92

Primary

Organic Heart Disease

How long -

Ten years

Immediate

Chronic Bronchitis &amp; Pneumonia -

How long -

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Franklin Buchanan (signed)

Address

Indenuth Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



2.0

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Fitzgerald*

Died at *Emmitsburg* Town *Frederick* County

Date of death *1907* Month *Dec* Day *19* Age *66* Years Months Days

Sex *Male* Color or Race *White* Birth-place *=*

Occupation *Cover man* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Not obtainable* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Frank Brown* How related to deceased *2 w*

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary *Broncho-Pneumonia* How long *6 days*

Immediate *Congestion Lungs* How long *18 hours*

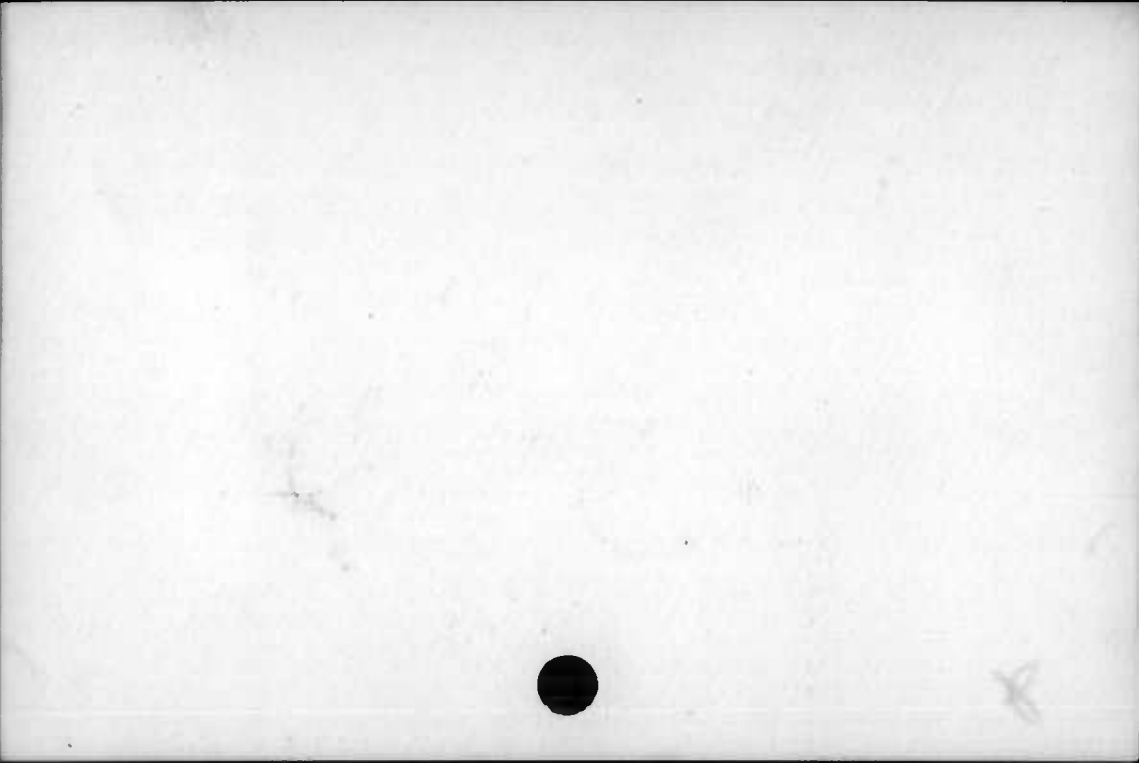
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John B. Brown*

Address

*Emmitsburg*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

12

30

Age

2

4

Sex

Male

Color or  
Race

White

Birth-  
place

Lewiston

Occupation

Where Residing if not  
at place of death~~Married~~ Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Wm. F. Fitch

Father's  
Birthplace

Md

Mother's  
Maiden Name

Susan Fitch

Mother's  
Birthplace

Md

Name of person giving  
Information

Fitch

How related  
to deceased

## CAUSES OF DEATH

104

Primary

How long

Immediate

Acute gastritis

How long

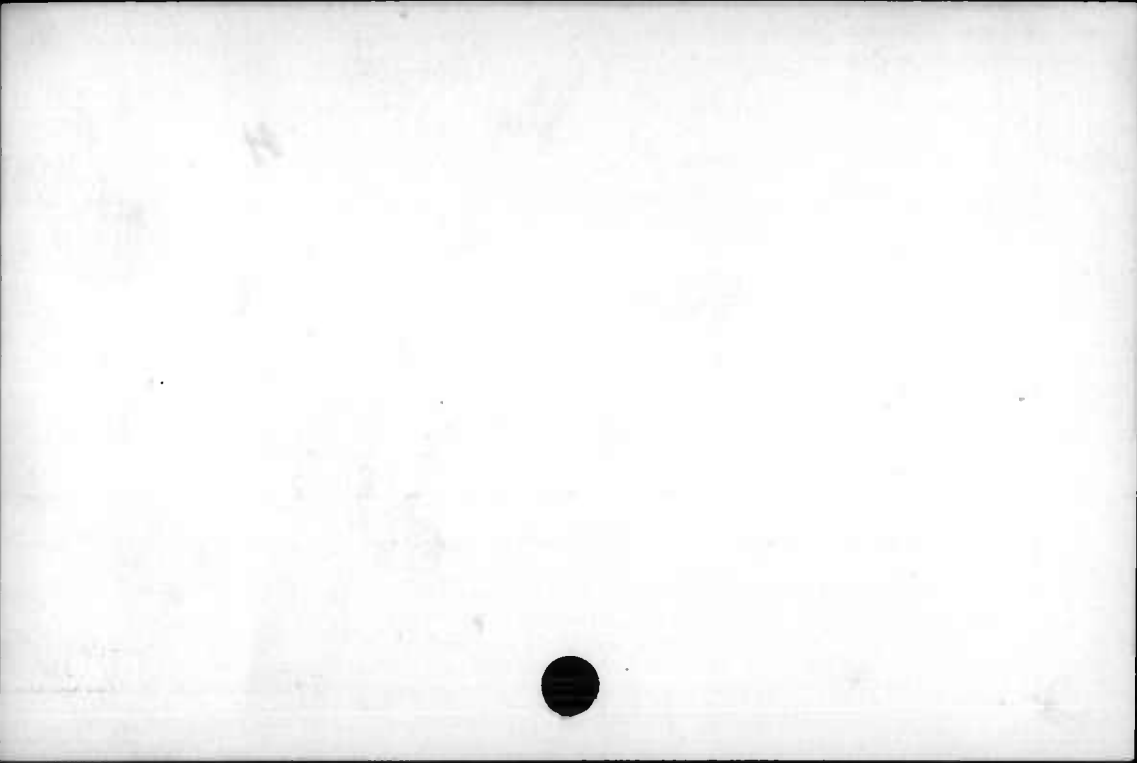
Two days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

E. J. Neighblom  
Lewiston  
MdPHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Chr A. Funk

## CERTIFICATE OF DEATH

w. v  
MARYLANDDied at <sup>Town</sup> *Harfers Ferry*<sup>County</sup> *Jefferson*Date  
of death *1907*<sup>Month</sup> *Dec*<sup>Day</sup> *15*<sup>Age</sup> *42*<sup>Years</sup><sup>Months</sup><sup>Days</sup>

Sex

*male*Color or  
Race*white*Birth-  
place*md*

Occupation

*Laborer*Where Residing if not  
at place of death*Breysweeth Md.*Married, Single  
or Widowed*married*Name of Wife or  
Husband*Margaret Funk*Father's  
Name*John J. Funk*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Linda Fry*Mother's  
Birthplace*Md.*Name of person giving  
In formation*Wm. H. Funk*How related  
to deceased*Brother*

## CAUSES OF DEATH

Primary

*Killed by car*

How long

*Instantly*

Immediate

*✓*

How long

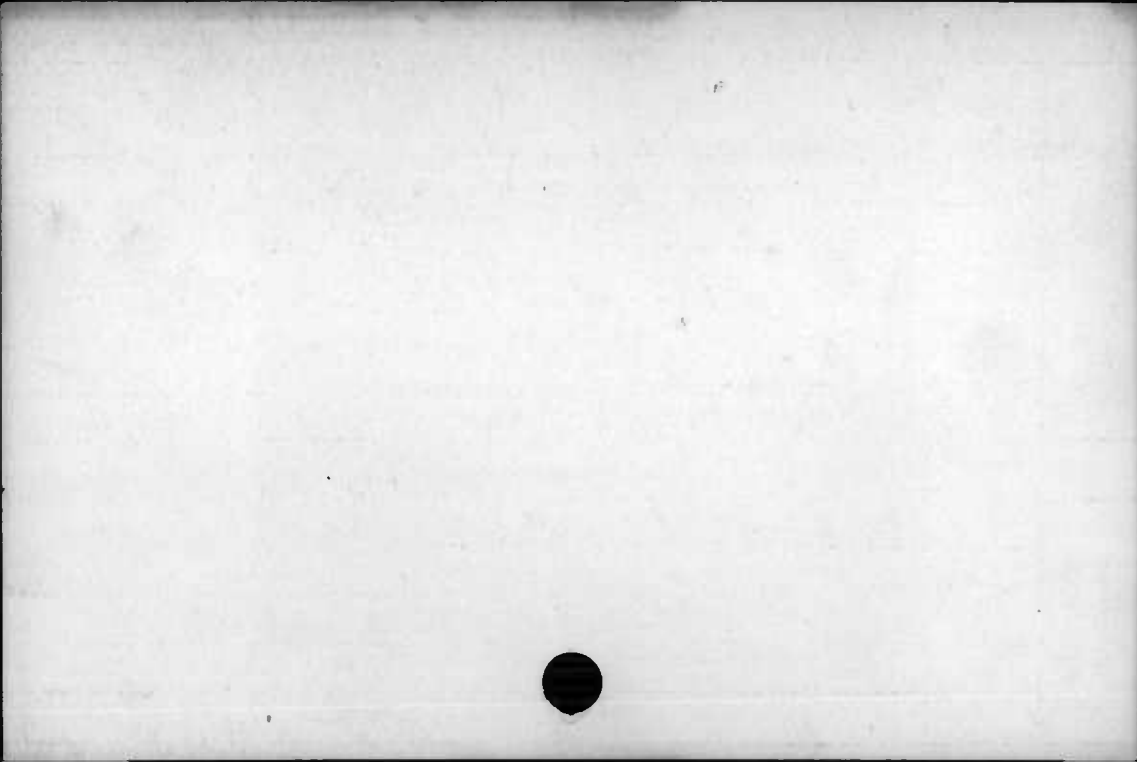
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Edwin West*

Address

*Breysweeth  
Frederick Co*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Elizabeth L. L. Grove

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

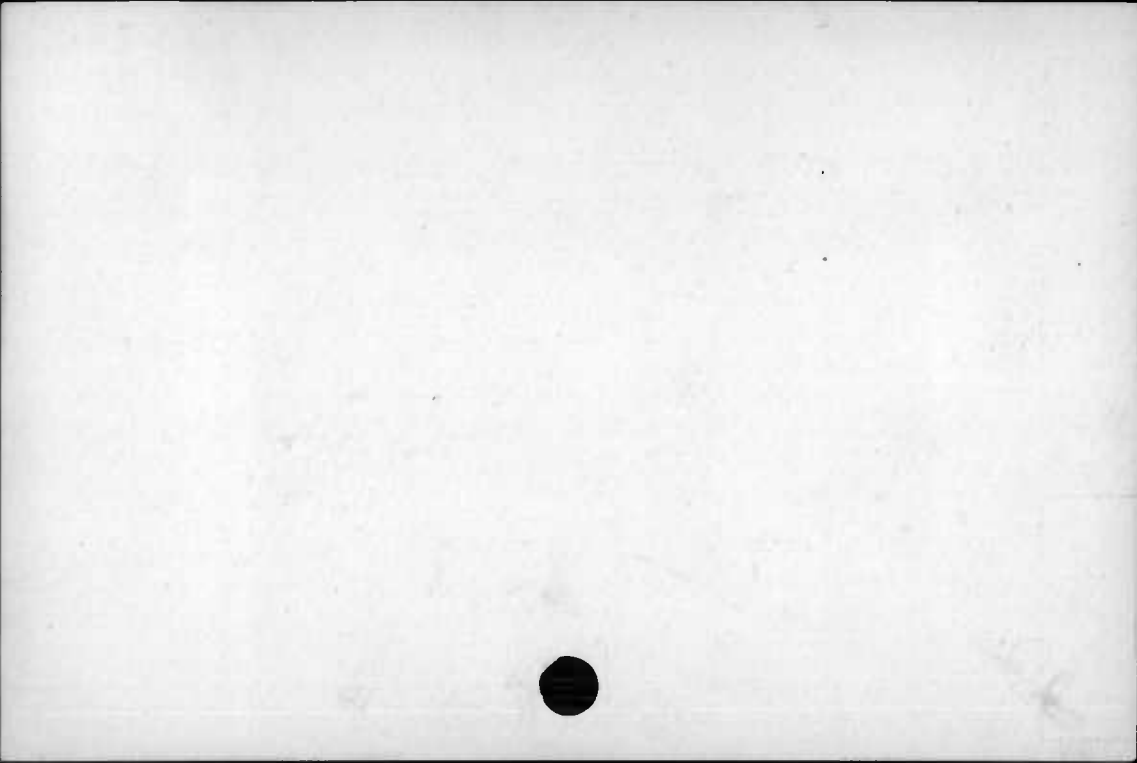
Died at		Town		County		FREDERICK	
Date of death	1907	Month	Dec	Day	24	Age	62
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		FREDERICK	
Married, Single or Widowed		Married		Name of Wife or Husband			
Father's Name		Jonathan Tyson		Father's Birthplace		FREDERICK	
Mother's Maiden Name		Elizabeth W. D. Tyson Baer		Mother's Birthplace		"	
Name of person giving information		J. B. Tyson		How related to deceased			

## CAUSES OF DEATH

180

PHYSICIAN  
OR CORONER

Primary	Chronic Myocarditis	How long	5 years
Immediate	Angina Pectoris	How long	Two months
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		R. L. Tyson.	
Address		FREDERICK, Md.	
Accident or Suicide?			



Name  
in  
Full

Grafton B. Hammond No 22,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *New Market* *Frost* County *MARYLAND*

Date of death 1907 *12* Month *1* Day *68* Age *68* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Frost Co*

Occupation *Retired Merchant* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Grafton Hammond* Father's Birthplace *Frost Co*

Mother's Maiden Name *Mary Wilson* Mother's Birthplace *Frost Co*

Name of person giving information *J. W. Wocoray* How related to deceased *Uncle*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONERPrimary *Heart Disease*

How long

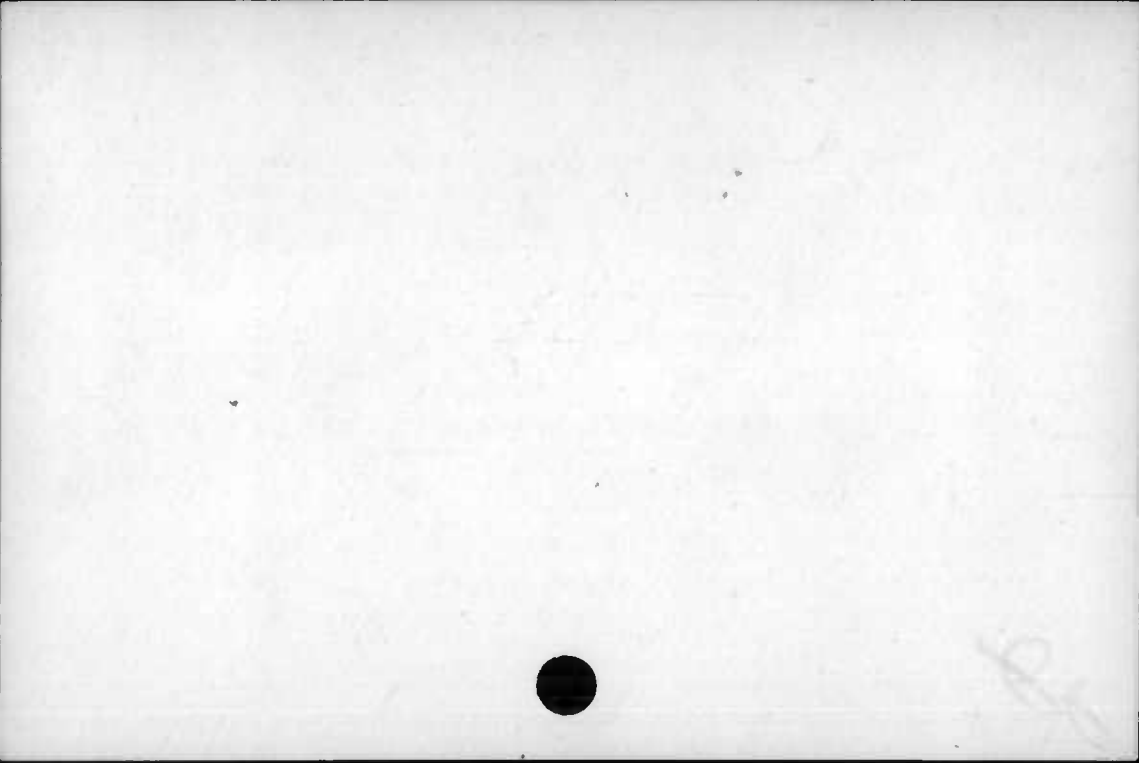
Immediate *Sudden death*How long *7 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

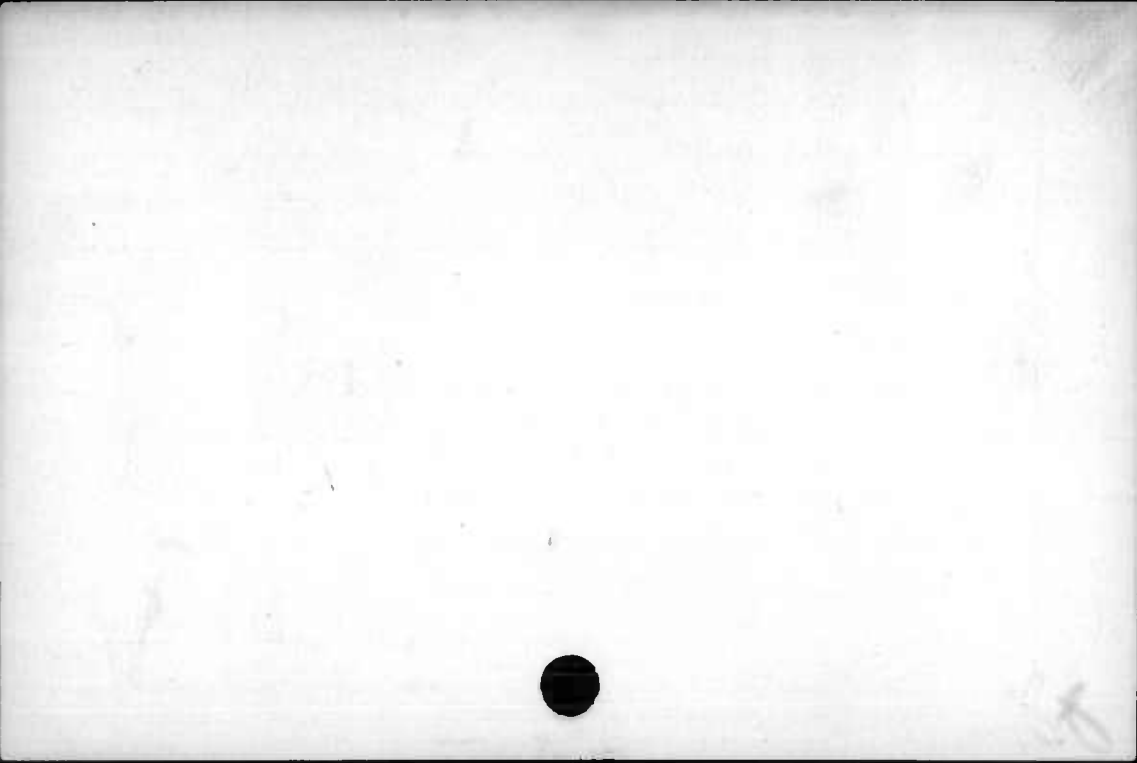
Died at <b>Woodabaro</b>		County <b>Fredk.</b>		MARYLAND	
Date of death <b>1907</b>	Month <b>Dec.</b>	Day <b>25-</b>	Age <b>7</b>	Months <b>10</b>	Days <b>13</b>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Fredk. Co. Md.</b>		
Occupation <b>none</b>	Where Residing if not at place of death <b>Same place</b>				
<del>Married, Single</del> <del>or Widowed</del>	Name of Wife or Husband <b>none</b>				
Father's Name <b>Wilson Grimes Halbruner</b>	Father's Birthplace <b>Fredk. Co. Md.</b>				
Mother's Maiden Name <b>Rosa Irene Stout</b>	Mother's Birthplace <b>Fredk. Co. Md.</b>				
Name of person giving information <b>W. G. Halbruner</b>	How related to deceased <b>Father</b>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <b>Pneumonia</b>	How long <b>4 weeks</b>
Relapse caused by taking cold -	How long <b>24 hrs</b>
Immediate cause <b>Heart failure</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>C. A. Stutz</b>
<b>To best of my knowledge</b>	Address <b>Woodabaro</b>
Accident or Suicide? <b>No</b>	<b>Md.</b>



Name  
in  
Full

Norman D. Harshman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Wackersville* <sup>County</sup> *Frederick Co*

Date of death <sup>Month</sup> *Dec* <sup>Day</sup> *23* <sup>Years</sup> *1904* Age <sup>Months</sup> *10* <sup>Days</sup> *10*

Sex *Male* Color or Race *White* Birth-place *U.S.*

Occupation *R.R. Fireman* Where Residing if not at place of death *Phila Pa*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Rieda Harshman*

Father's Name *Franklin Harshman* Father's Birthplace *U.S.*

Mother's Maiden Name *Mary Oland.* Mother's Birthplace *U.S.*

Name of person giving information *F. Harshman* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* How long *2 weeks*

Immediate *Intestinal Perforation* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of  
Physician

Address

*J. M. Cuddy*  
*Frederick Co.*

Accident or Suicide?

Give this to Mr. Witter



Name  
in  
Full

CERTIFICATE OF DEATH

*Charles Hyland.*

*mar Frederick*

County

*Frederick*

MARYLAND

Died at

Date

of death 1907

Month

12

Day

25

Years

Age 64

Months

—

Days

—

Sex

*male*

Color or  
Race

*white*

Birth-  
place

*Ireland*

Occupation

*Unknown*

Where Residing if not  
at place of death

*Frederick*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

Father's  
Name

*Patrick Hyland*

Father's  
Birthplace

*Ireland*

Mother's  
Maiden Name

*Unknown*

Mother's  
Birthplace

Name of person giving  
In formation

*G. E. Myers*

How related  
to deceased

*not at all*

CAUSES OF DEATH

134

Primary

*Genl debility & senility*

How long

How long

Immediate

*exhaustion*

*3 days -*

Are the name, age, sex, color, date  
and place correctly given above?

*yes -*

Signature of  
Physician

Address

*R. S. Lyson*

*Frederick*

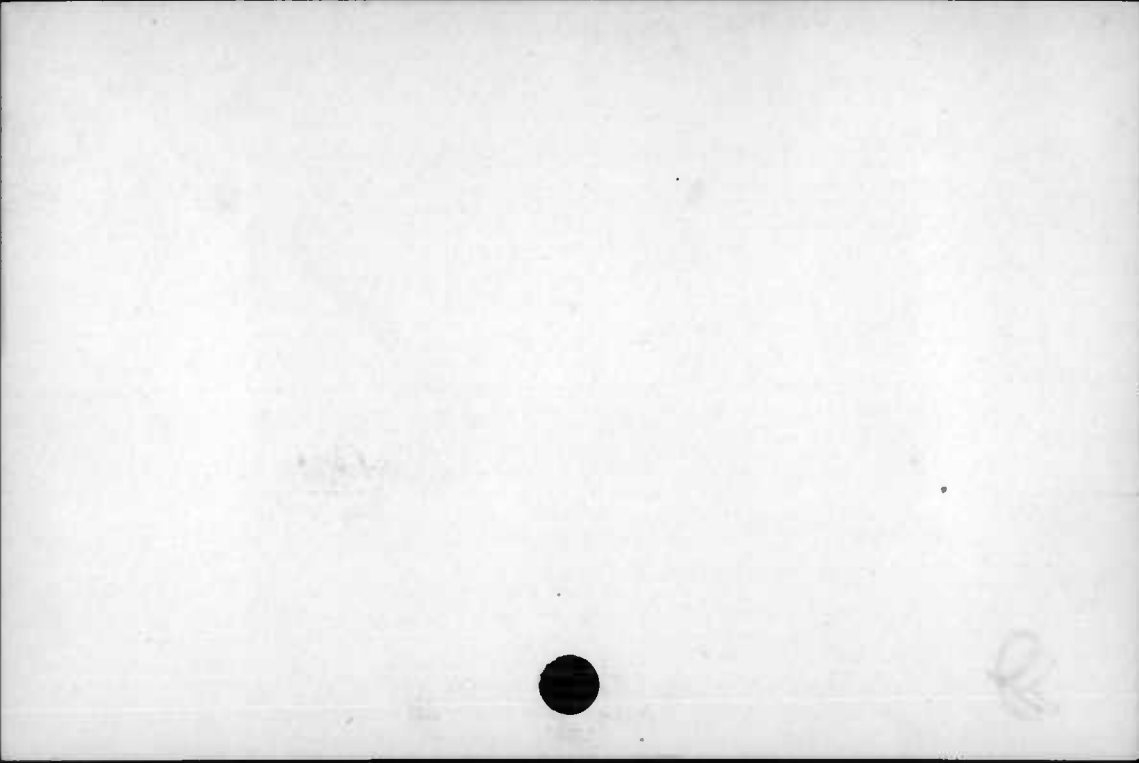
*md*

Accident or Suicide?

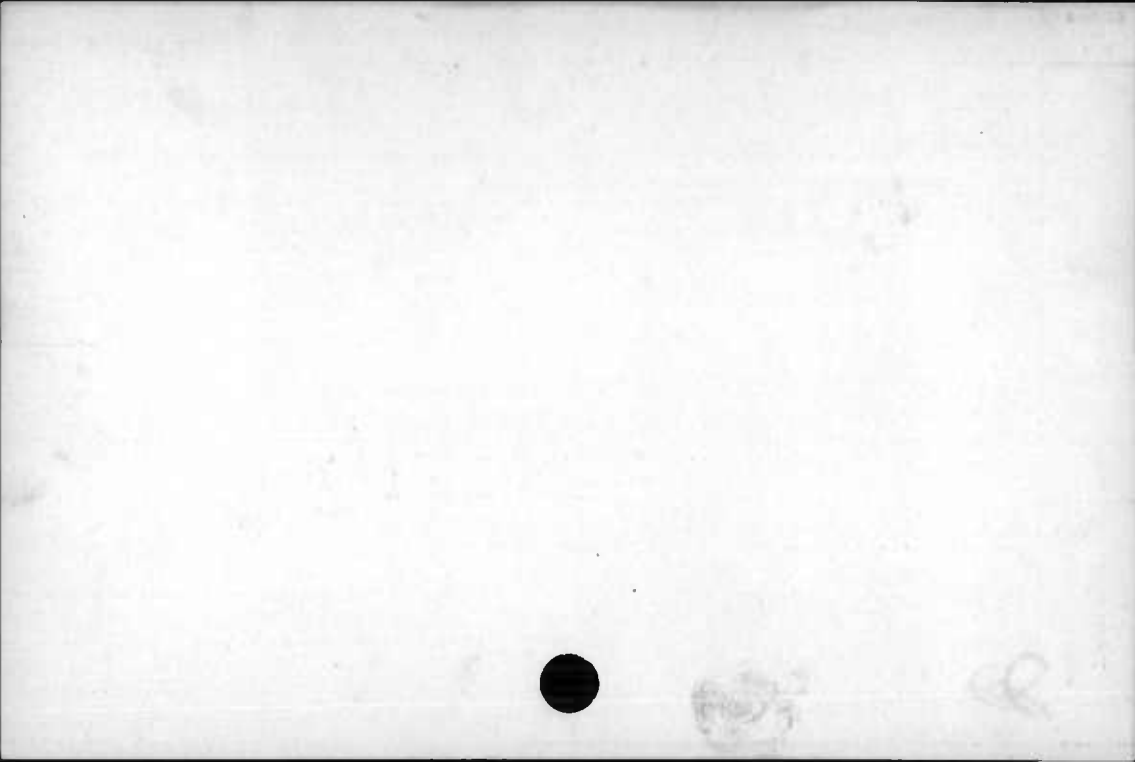
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

BR



Name in Full <b>W. H. H. Johnson</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Brunswick</b> <small>Town</small>		<b>Frederick</b> <small>County</small>
	Date of death <b>1907</b>		<b>Frederick</b> <small>County</small>
	Month <b>Dec</b>	Day <b>26</b>	Age <b>67</b>
	Sex <b>male</b>	Color or Race <b>white</b>	Birth-place <b>W. Va</b>
	Occupation <b>none</b>	Where Residing if not at place of death	
	Married, Single or Widowed <b>widowed</b>	Name of Wife or Husband <b>Elena Logue</b>	
	Father's Name <b>Don't know</b>	Father's Birthplace <b>—</b>	
Mother's Maiden Name <b>Don't know</b>	Mother's Birthplace <b>—</b>		
Name of person giving information <b>E. H. Johnson</b>	How related to deceased <b>son</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Found dead no physician attendance</b>		How long <b>179</b>
	Immediate <b>Bad health for some time</b>		How long <b>263 years</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Sam Frost</b>	
	<b>2</b>	Address <b>Brunswick Frederick Co</b>	
Accident or Suicide?			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Fredricks</i> <small>Town</small>		<i>"</i> <small>County</small>	
		Date of death <i>1907</i> <small>Month</small> <i>12</i> <small>Day</small> <i>3</i>		Age <i>73</i> <small>Years</small> <i>5</i> <small>Months</small> <i>—</i> <small>Days</small>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Retired R.R. Engineer</i>		Where Residing if not at place of death <i>X</i>	
		Married, Single or Widowed <i>—</i>		Name of Wife or <del>Husband</del> <i>Ada E. Baycut</i>	
		Father's Name <i>Henry Jones</i>		Father's Birthplace <i>Va</i>	
Mother's Maiden Name <i>Ann J. Derry</i>		Mother's Birthplace <i>Va</i>			
Name of person giving information <i>J. H. Jones</i>		How related to deceased <i>Son</i>			
<div style="text-align: center;">CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 5px; float: right;">120</span></div>					
PHYSICIAN OR CORONER		Primary <i>Chronic Bright Disease</i>		How long <i>several years</i>	
		Immediate <i>Paralysis</i>		How long <i>1 week</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Y</i>		Signature of Physician <i>Chas. F. Goodell M.D.</i>	
		<i>S</i>		Address <i>Fredricks, Md.</i>	
Accident or Suicide? <i>m</i>					

Interment. Dec 5 - 07  
" at Mt. Olivet,  
Thomas P. Rice F. & L.

Name  
in  
Full

Thomas Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907 Dec</i>		Month <i>25</i>		Day <i>25</i>		Years <i>11</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md.</i>		Months <i>25</i>	
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary J. Leivers</i>					
Father's Name <i>Thomas Jones</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Henrietta Brady</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Mary J. Jones</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Heart Failure</i>	How long <i>Indefinite</i>
Immediate <i>Acute Indigestion</i>	How long <i>Indefinite</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>U. G. Bourne,</i>
<i>[Signature]</i>	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>[Signature]</i>	

Interment. Dec 28, 1907

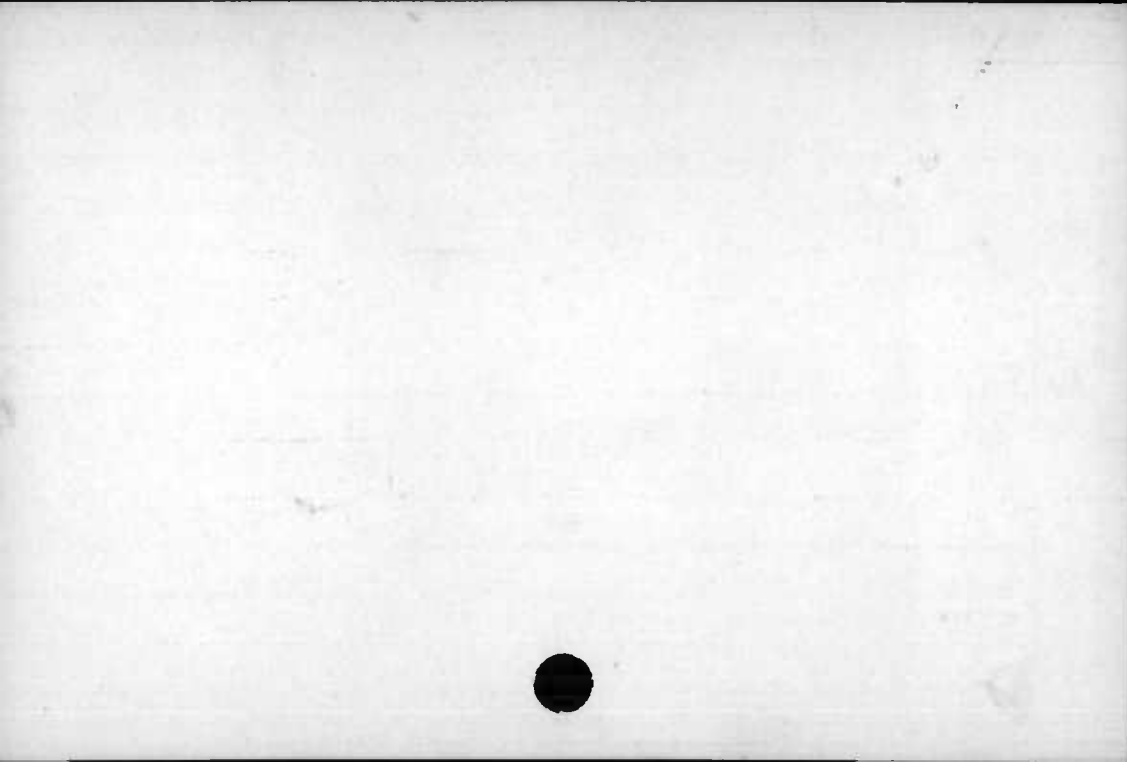
" at St. John's Cemetery

Thomas P. Rice F. & O.

Dr Bourne



Name In Full		John Milton Kemp				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Knoxville</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND		
		Date of death <u>1907</u>	Month <u>15</u>	Day <u>13</u>	Age <u>26</u>	Years	Months <u>2</u>	Days <u>1</u>
		Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>md</u>		
		Occupation <u>none</u>		Where Residing if not at place of death				
		Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Emma Harper</u>					
		Father's Name <u>Beeward Kemp</u>		Father's Birthplace <u>md</u>				
		Mother's Maiden Name <u>Mary Baker</u>		Mother's Birthplace <u>md</u>				
Name of person giving information		Has related to deceased						
		CAUSES OF DEATH				(64)		
PHYSICIAN OR CORONER		Primary <u>Cerebral hemorrhage</u>		How long <u>6 days</u>				
		Immediate <u>exhaustion</u>		How long <u>" "</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Lvin Wash</u>				
				Address <u>Baltimore md</u>				
		Accident or Suicide?						



Name in Full *David W. Kinna*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

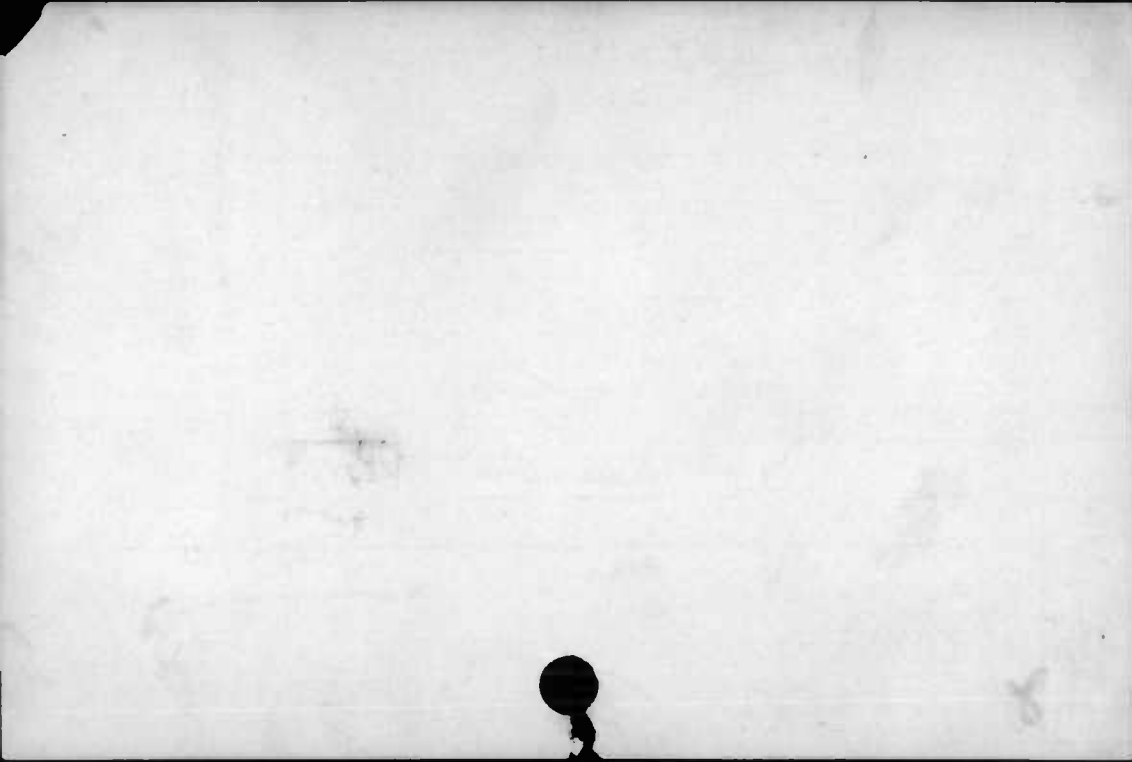
Died at <i>Petersville</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND			
Date of death	<i>1907</i> <small>Month</small>	<i>12</i> <small>Day</small>	<i>13</i> <small>Age</small>	<i>68</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>19</i> <small>Days</small>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Fred Co Md</i>
Occupation	<i>Blacksmith</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Julia A Blessing</i>			
Father's Name	<i>Mathias Kinna</i>			Father's Birthplace	<i>Unknown</i>		
Mother's Maiden Name	<i>Mary A Seelenter</i>			Mother's Birthplace	<i>Maryland</i>		
Name of person giving information	<i>David I Kinna</i>			How related to deceased	<i>Son</i>		

CAUSES OF DEATH

*47*

PHYSICIAN  
OR CORONER

Primary	<i>Rhinmatism</i>	How long	<i>3 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Sam'l Claggett</i>
<i>Yes</i>		Address	<i>Petersville</i>
<i>8</i> Accident or Suicide?			<i>Md</i>



Name  
in  
Full

Mary Krise

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Foxmeer</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1901</i>	Month <i>Dec</i>	Day <i>7</i>	Age <i>83</i>	Months <i>3</i> Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Retired</i>		Where Residing if not at place of death <i>Foxville</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Alvin H. Krise</i>		Father's Birthplace <i>Foreign</i>			
Mother's Maiden Name <i>Susan Graves</i>		Mother's Birthplace _____			
Name of person giving information <i>Graves Smith</i>		How related to deceased <i>Nephew</i>			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Old Age</i>	How long
Immediate	<i>Senile Debility</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>[Signature]</i>		Address <i>Dr. W. Zimmerman</i> <i>Sub Registrar</i>
Accident or Suicide?		

12-16-55  
1165  
92

Name  
in  
Full

Samuel Thomas Lapole

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mr. Brunswick</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Dec</i>	Day	<i>4</i>	Age	<i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Months <i>11</i> Days <i>2</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>W. H. Lapole</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>A. S. Moore</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>W. H. Lapole</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	<i>Whooping Cough with Pneumonia</i>	How long	<i>4 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Levin H. H. H.</i>	
		Address <i>Brunswick Frederick Co</i>	
Accident or Suicide?			





Name  
in  
Full

Michael H. Lingo

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Emmitsburg		County Frederick		MARYLAND	
Date of death		1907	Month Dec	Day 13	Age	Years 46	Months 4
Sex		Male		Color or Race		White	
Occupation		Stone Mason		Birth-place		New Oxford, Pa.	
Where Residing if not at place of death							
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband Margaret Catherine Lingo					
Father's Name		Henry Lingo				Father's Birthplace Emmitsburg	
Mother's Maiden Name		Virginia Rider				Mother's Birthplace Emmitsburg	
Name of person giving information		Margaret Lingo				How related to deceased Wife	

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary	Appendicitis	How long	7 days
Immediate	Obstruction of bowel	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	

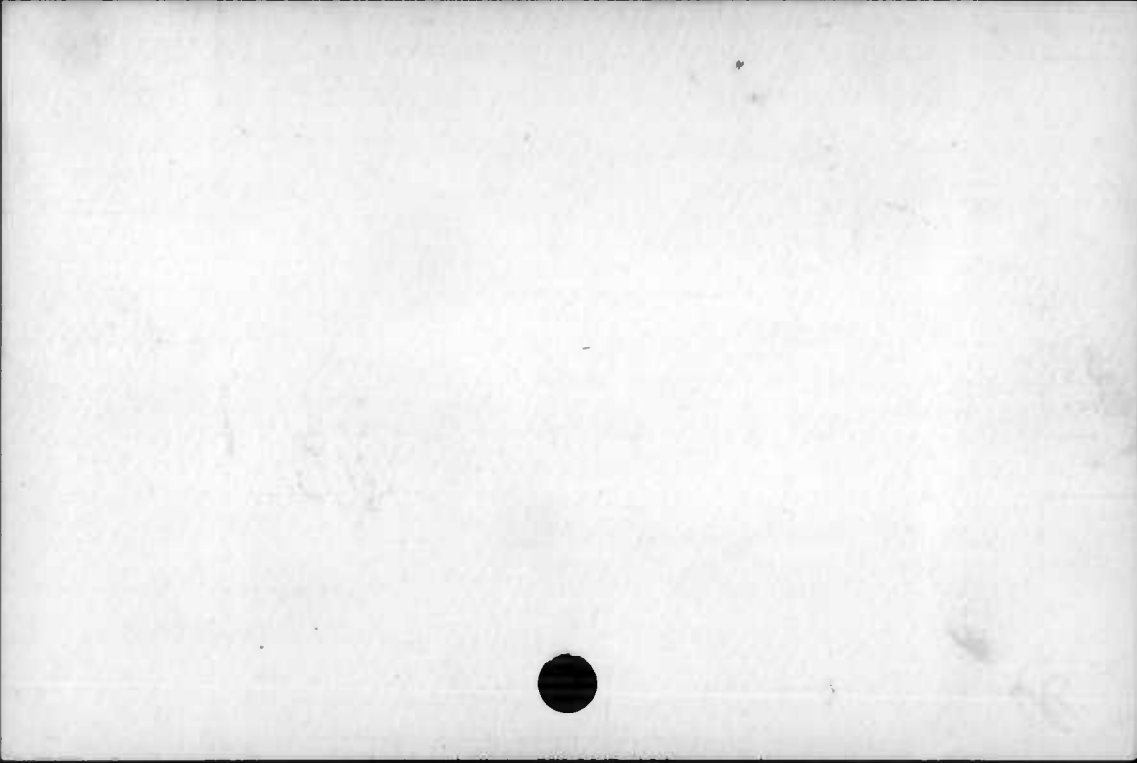
Signature of  
Physician

Address

H. W. Stone

Emmitsburg

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

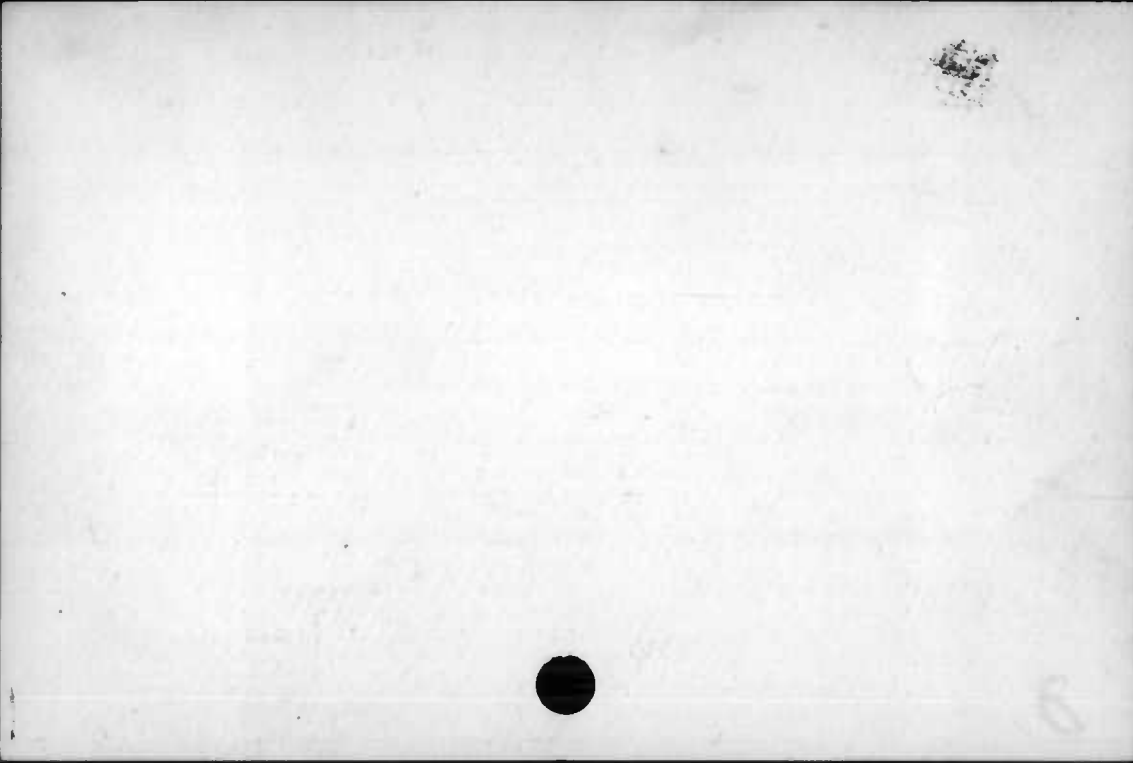
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Amanda Little</i>		Town <i>Jefferson</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Jefferson</i>		Month <i>12</i>		Day <i>23</i>		Age <i>51</i>	
Date of death <i>1907</i>		Month <i>12</i>		Day <i>23</i>		Age <i>51</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Jefferson</i>		Months <i>8</i> Days <i>22</i>	
Occupation <i>Spinster</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Jesse M. Little</i>		Father's Birthplace <i>Gettysburg Pa</i>					
Mother's Maiden Name <i>Sarah Scott</i>		Mother's Birthplace <i>Westchester Pa</i>					
Name of person giving information <i>Charles J. Little</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bad Cold</i>		How long <i>104</i>	
Immediate <i>General Debility</i>		How long <i>1 Day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. H. Botter Egan</i>	
		Address <i>Jefferson Hotel Co</i>	
Accident or Suicide?		<i>In of</i>	



Name  
in  
Full

Elizabeth McKenzie

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Mar Shookstown*<sup>County</sup> *Frederick*

MARYLAND

Date  
of death *1907*Month  
*12*Day  
*30*Age  
*74*Months  
—Days  
—Sex *Female*Color or  
Race*White*Birth-  
place*F. Co Md*

Occupation

*House Wife*Where Residing if not  
at place of death*Same*Married, Single  
or Widowed*Widow*Name of Wife or  
Husband*Daniel McKenzie*Father's  
Name*John Gonso*Father's  
Birthplace*Md*Mother's  
Maiden Name*Mary Catulic*Mother's  
Birthplace*"*Name of person giving  
information*Henry Gonso*How related  
to deceased*Brother*

## CAUSES OF DEATH

120

Primary

*Nephritis and Mitral Regurgitation 1 year*

Immediate

*Cardiac Paralysis*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Frank Hedger  
Frederick*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Dec 31

" at Doub's Cemetery  
Thomas P. Rice F.S.I.

Mr. Hedges

Mr. Goodell.

Name  
in  
Full

Mary Elizabeth Mixsell,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

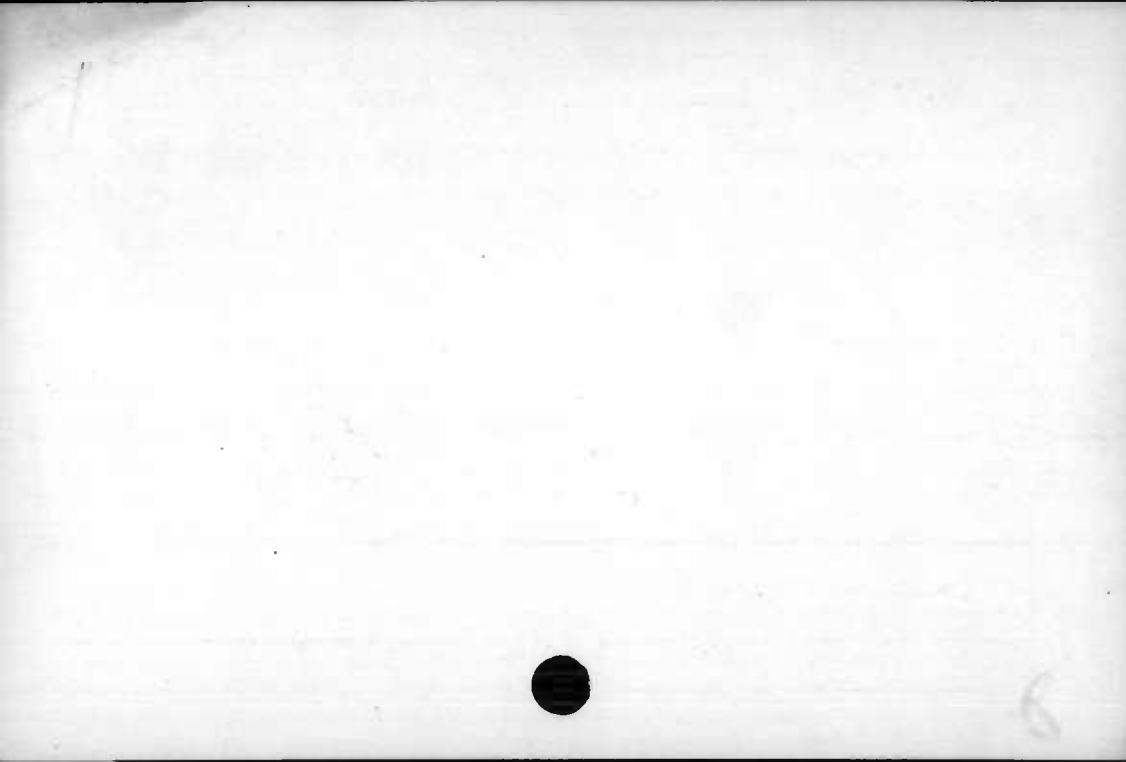
Died at *Brady* <sup>Town</sup>*Indues* <sup>County</sup>Date of death *1907 Dec*Day *30*Age *79*Months *2*Days *15*Sex *Female*Color or Race *White*Birth-place *Indues Co Md*Occupation *Housewife*Where Residing if not  
at place of death ☒Married, Single  
or Widowed *Married*Name of Wife or  
Husband *Abraham Mixsell,*Father's Name *Abraham Zimmerman*Father's Birthplace *Indues Co Md*Mother's Maiden Name *Susana Kurtz*Mother's Birthplace *Indues Co Md*Name of person giving  
In formation *Family Friend*How related  
to deceased ☒

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONERPrimary *Intro Capsular Fracture of Femur*How long *Immediate*Immediate *General debility*How long *Gradual*Are the name, age, sex, color, date  
and place correctly given above?Signature of Physician *J. B. Johnson*Address *Indues**Md.*

Accident or Suicide?





Name  
in  
Full

Sophia Norris

## CERTIFICATE OF DEATH

Town

Fredericks

County

Fredericks

MARYLAND

Died at

Date

1907

Month

12

Day

3

Age

Years

94

Months

—

Days

—

Sex

Female

Color or  
Race

Black

Birth-  
place

Md

Occupation

Maid

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

James Norris

Father's  
Name

Jacob Boulognery

Father's  
Birthplace

Md

Mother's  
Maiden Name

Sarah Boulognery

Mother's  
Birthplace

Md

Name of person giving  
In formation

Ellen Cartmell

How related  
to deceased

Daughter

## CAUSES OF DEATH

154

Primary

Lent Debility

How long

1 year

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

R. S. Lyson

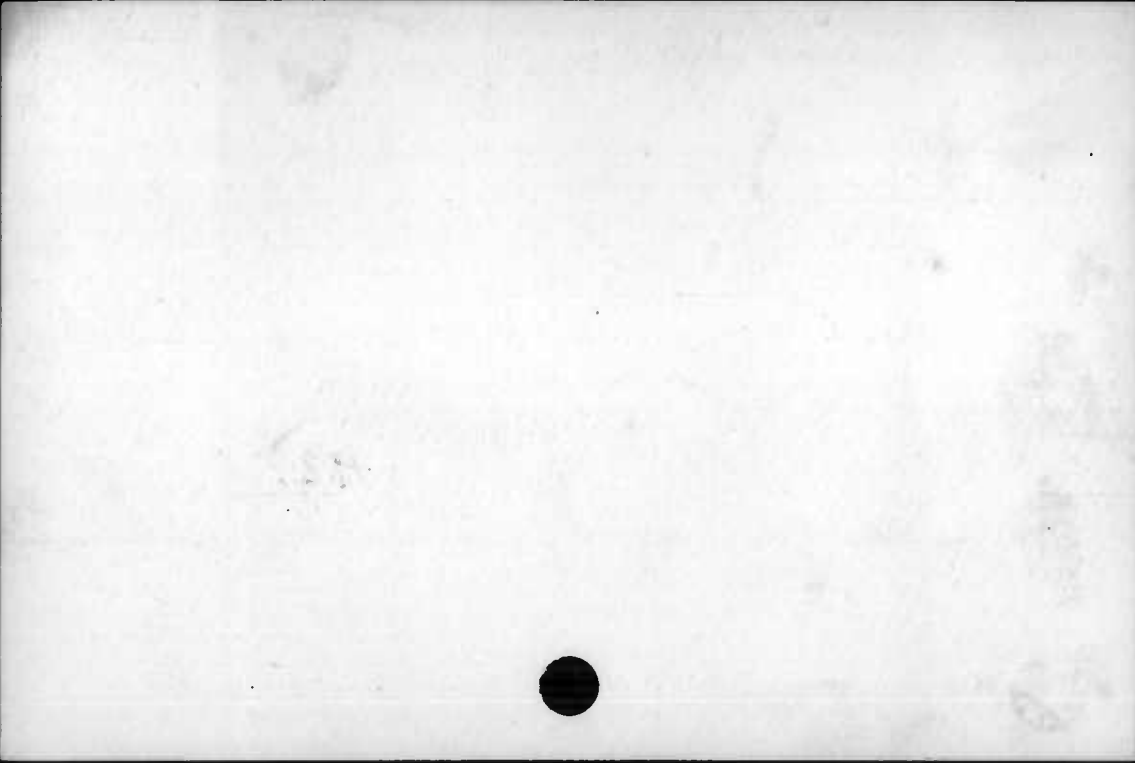
Address

Fredericks  
Md.

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

Magdeline E Rapp

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

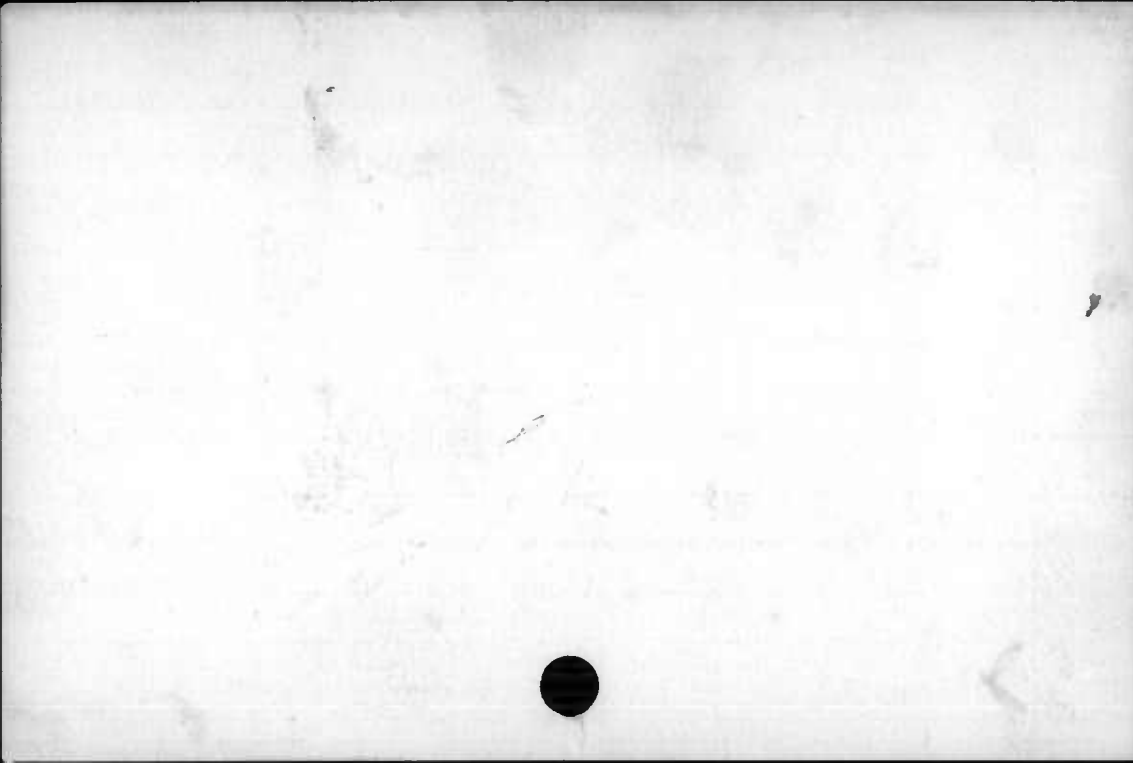
Died at <i>Harmony</i> Town		County <i>Fredrick</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>12</i>	Day <i>21</i>	Age <i>93</i>	Months <i>11</i> Days <i>3</i>
Sex <i>Woman</i>	Color or Race <i>White</i>		Birth-place <i>Harmony</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Harmony</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>J.ewis Rapp</i>				
Father's Name <i>Daniel Rant</i>	Father's Birthplace <i>Harmony</i>				
Mother's Maiden Name <i>Eva Welsh</i>	Mother's Birthplace <i>Harmony</i>				
Name of person giving information <i>Henry Amersbach</i>	How related to deceased <i>Son Law</i>				

## CAUSES OF DEATH

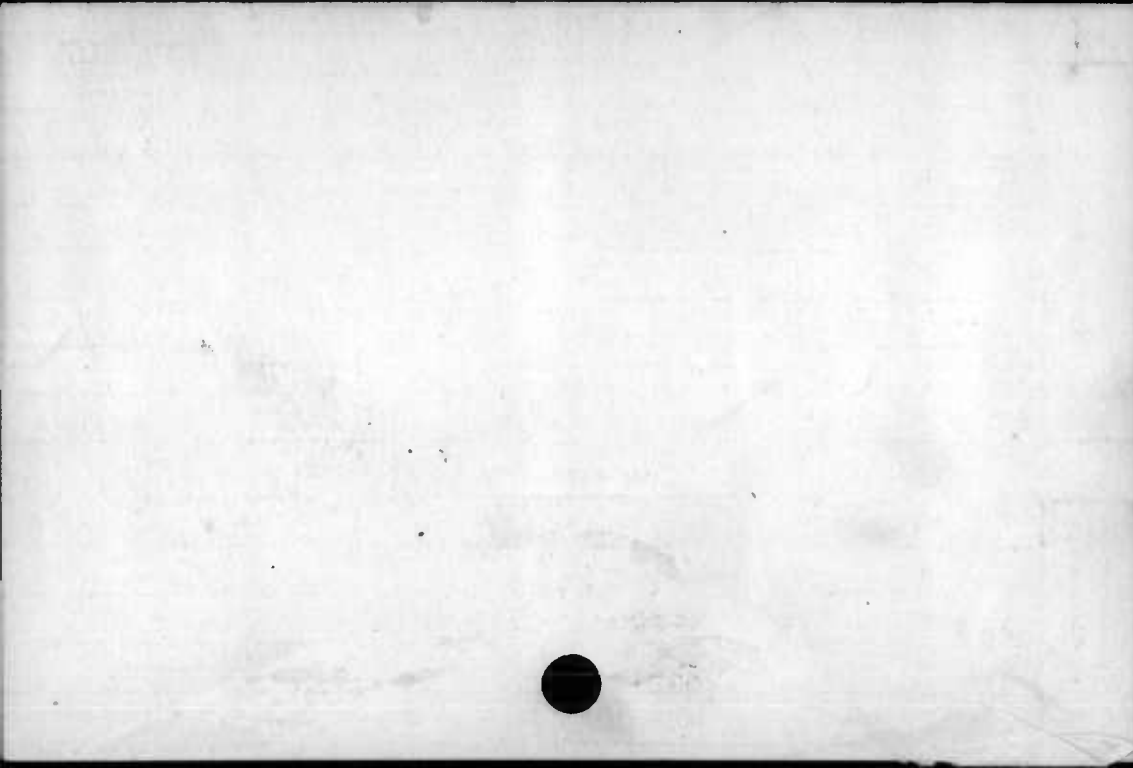
93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ralph Brunning</i>	
<i>X</i>		Address <i>Myersville, Md.</i>	
<del>Accident or Suicide?</del>			



Name in Full		Josephus Reeder				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Bolivar	County Frederick	MARYLAND			
		Date of death		1907	Month Dec	Day 19	Age 67	Months 4	
		Sex		male	Color or Race		White	Birth-place	
		Occupation		—					
		Where Residing if not at place of death		Bolivar					
		Married, Single or Widowed		Married		Name of Wife or Husband Mary Reeder			
		Father's Name		David Reeder				Father's Birthplace Ind	
Mother's Maiden Name		Ruth Alexander				Mother's Birthplace Ind			
Name of person giving information		Wm Reeder				How related to deceased Son			
		CAUSES OF DEATH				(104)			
PHYSICIAN OR CORONER		Primary Stomachal Cancer				How long Several years			
		Immediate Heart Failure				How long 12 Days			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician S.S. Davis			
		Address Bronsford				Ind			
Accident or Suicide?									



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

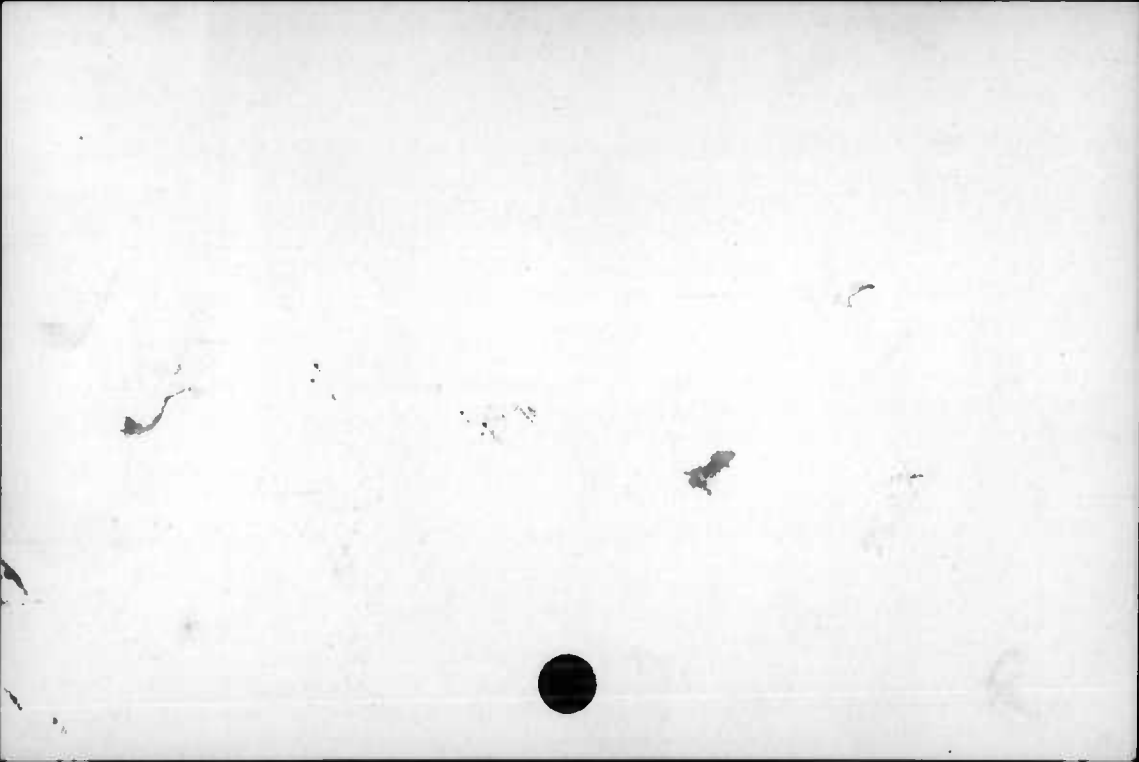
Died at <sup>Town</sup> *New Midway* <sup>County</sup> *Fredenick*Date of death 1907 <sup>Month</sup> *Dec* <sup>Day</sup> *19<sup>th</sup>* <sup>Years</sup> *37* <sup>Months</sup> *0* <sup>Days</sup> *19*Sex *Male* Color or Race *White* Birthplace *New Midway*Occupation *R. R. Fireman* Where Residing if not at place of death *Fredenick Md*Married, Single or Widowed *Married* Name of Wife or Husband *Miss Kolb (Maiden Name)*Father's Name *J. C. Brenner* Father's Birthplace *Washington Co Md*Mother's Maiden Name *Amanda Horchman* Mother's Birthplace *Worle Iron Valley*Name of person giving information *Jesse B. Brenner* How related to deceased *Brother*

## CAUSES OF DEATH

166

Primary *Accidental R. R. Injuries* How long *immediate*Immediate *Shock* How long *immediate*Are the name, age, sex, color, date and place correctly given above? *yes.*Signature of Physician *J. M. Cuddy*Address *Fredenick*

Accident or Suicide?





Name  
in  
Full

Frances Carl Rhoads

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

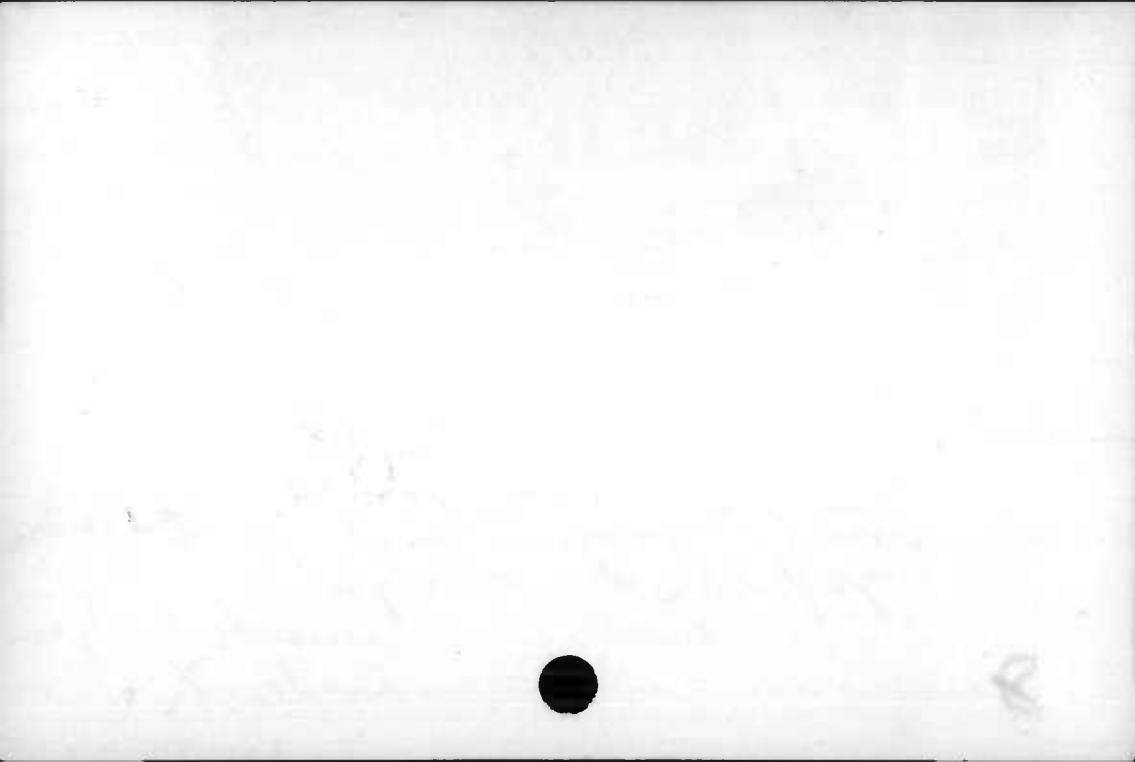
Died at		Town <i>Fredk</i>		County <i>Fredk</i>		MARYLAND	
Date of death	1907	Month 12	Day 31	Age 1	Years 1	Months 4	Days 4
Sex	Male		Color or Race	Caucasian		Birth- place	MD
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Charles Rhoads			Father's Birthplace	
Mother's Maiden Name			Mary Haller			Mother's Birthplace	
Name of person giving In formation			Murray Rhoads			How related to deceased	
						mother	

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>5 weeks</i>
Immediate	<i>Brain apoplexy</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Wm Crawford Shuman</i>	
Address		<i>Fredrick MD</i>	
Accident or Suicide?		<i>no</i>	



Name  
in  
Full

George W. Rippeon

## CERTIFICATE OF DEATH

Town

County

Died at *Frederick*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

12

17

Age

61

4

17

Sex

*Male*Color or  
Race*White*Birth-  
place*F. Co. Md*

Occupation

*Brush Works Hand*Where Residing if not  
at place of death*Same*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Nannie Gaither (Thuma)*Father's  
Name*Williams Rippeon*Father's  
Birthplace*F. Co. Md*Mother's  
Maiden Name*Reachel Smith*Mother's  
Birthplace*" " "*Name of person giving  
In formation*Robert Rippeon*How related  
to deceased*Son*

## CAUSES OF DEATH

79

Primary

*Nitrol Rymization*

How long

*Long Known*

Immediate

*Erysipelas Arterio Pulchra*

How long

*Unknown*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Frank Hedge  
Frederick*

Accident or Suicide?

*no*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

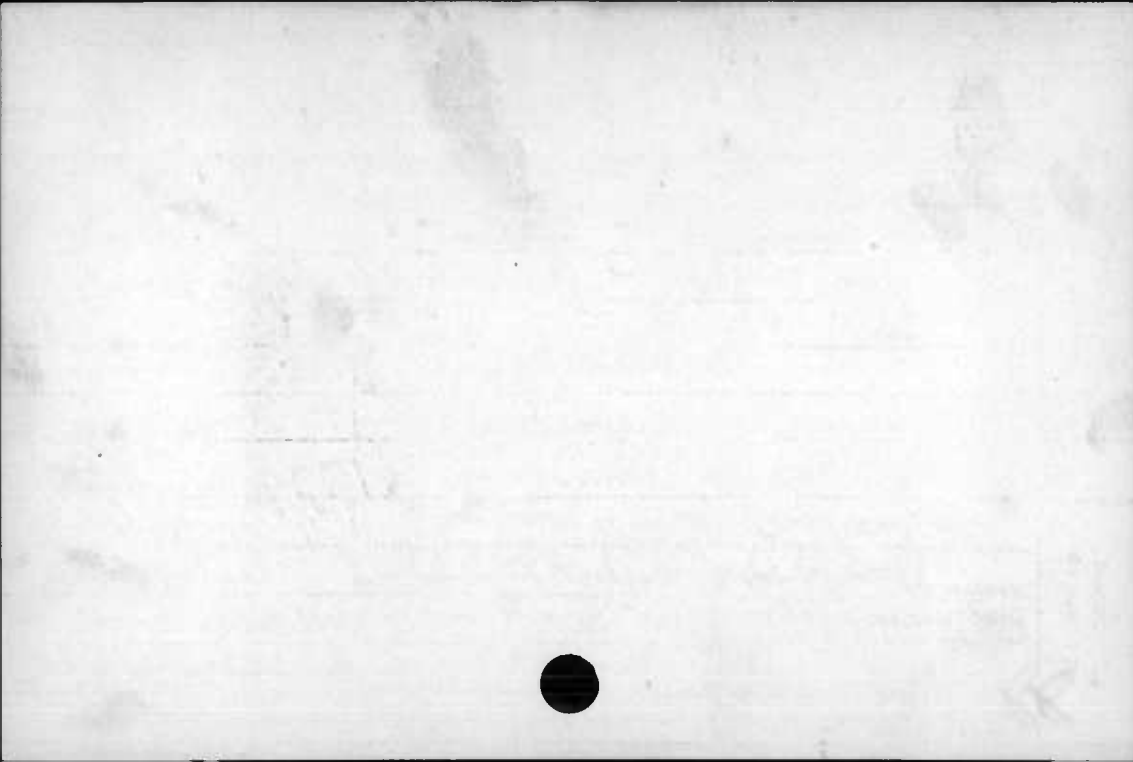
Interment at Sam's Creek. Wed

" Dec 19 - 07

Thomas P. Reece

F. & L.

Name in Full		Mary Elizabeth Robertson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Brunswick		Frederick		MARYLAND	
	Date of death	1907	Dec	30	Age	51	Months Days
	Sex	Female		Color or Race	white		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		md.	
	Married, Single or Widowed	married		Name of <del>him</del> or Husband	George S Robertson		
	Father's Name	Michael Whalen		Father's Birthplace	md		
	Mother's Maiden Name	Mary Elizabeth Chambers		Mother's Birthplace	md		
	Name of person giving information	Geo S. Robertson		How related to deceased	Herself		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Heart failure			How long	a few minutes	
	Immediate	—			How long		
	Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	H. H. Hedges	
	Accident or Suicide?				Address	Brunswick md	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

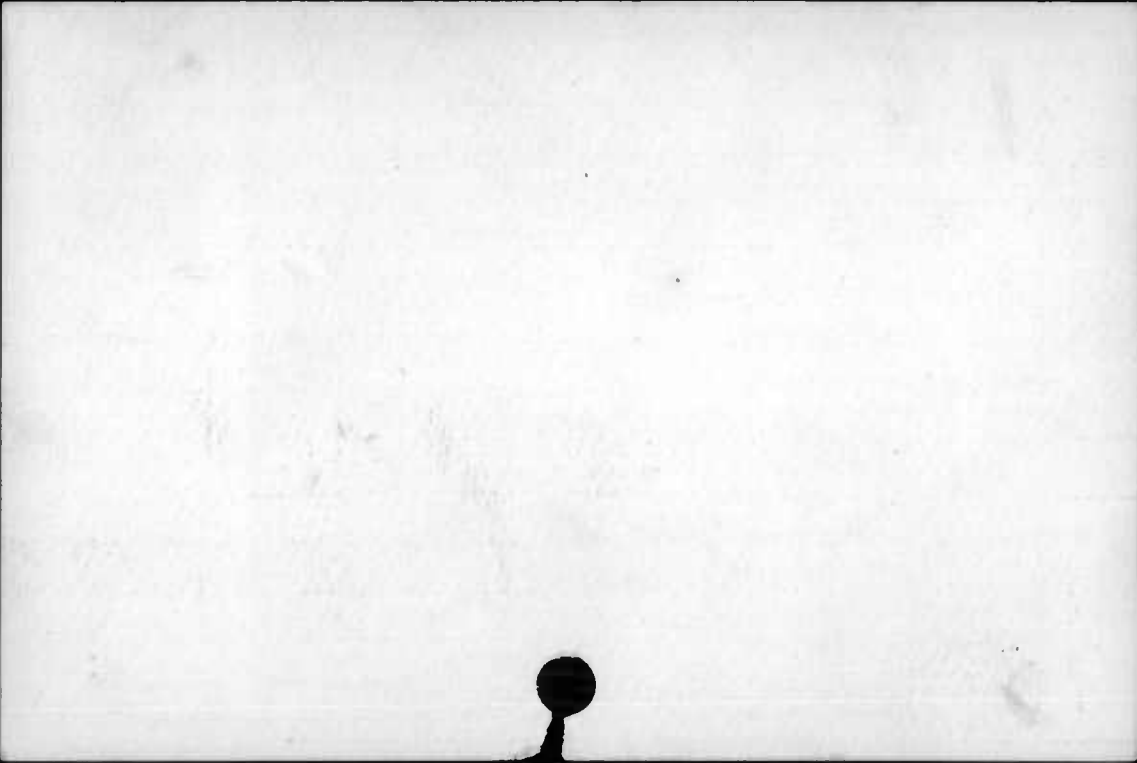
Died at		Town		County		MARYLAND	
Emmitsburg		Frederick					
Date of death		Month		Day		Years	
1907		Dec		13		79	
Sex		Color or Race		Birth place			
Male		White		Emmitsburg			
Occupation		Where Residing if not at place of death					
Farmer		at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Mary Elizabeth Rosensteel					
Father's Name		Not known		Father's Birthplace		Germany	
Mother's Maiden Name		Mary Dukehart		Mother's Birthplace		Germany	
Name of person giving information		John Rosensteel		How related to deceased		Son	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic nephritis	How long	Six months
Immediate	Cardiac hypertrophy	How long	2 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		B. D. Jensen	
		Address	
		Emmitsburg	
		Md	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Jas A. Scott* Town *Frederick* County *Frederick*  
 Died at *Montrose Hospital*  
 Date of death *1907* Month *12* Day *7* Age *70* Years *70* Months *—* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Caroline Co*  
 Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Hospital record* How related to deceased *—*

## CAUSES OF DEATH

154

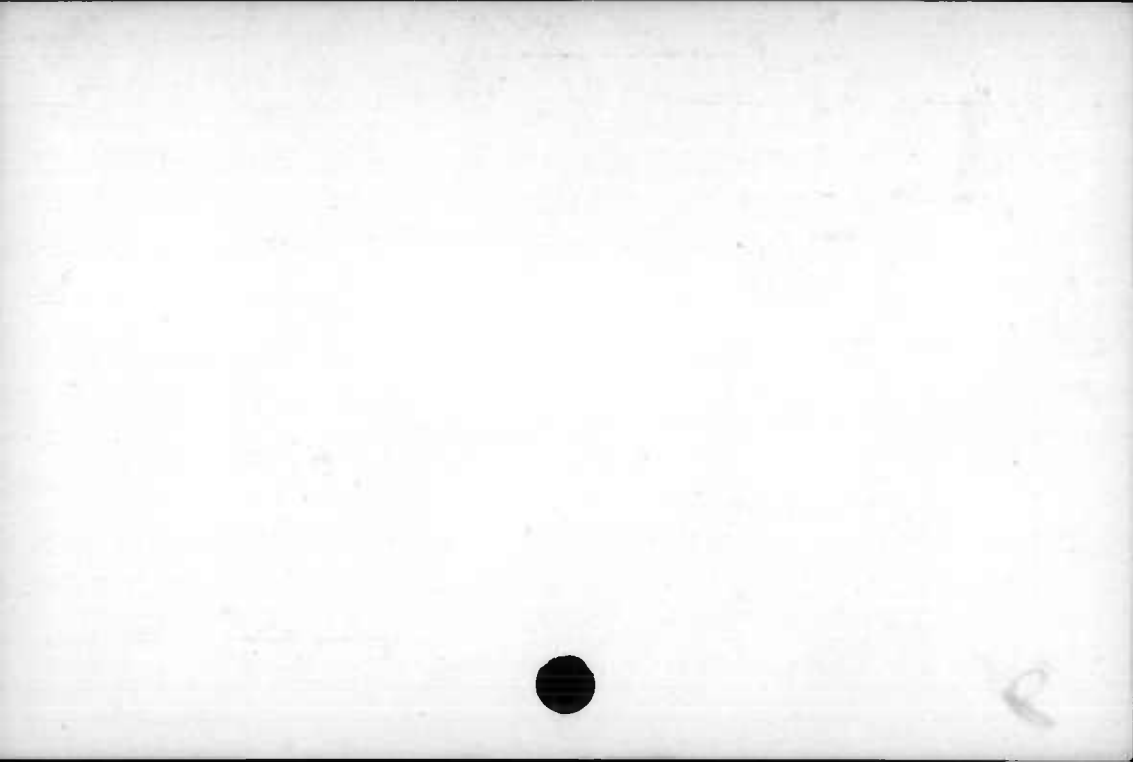
Primary *Heart debility* How long *1 year*  
 Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

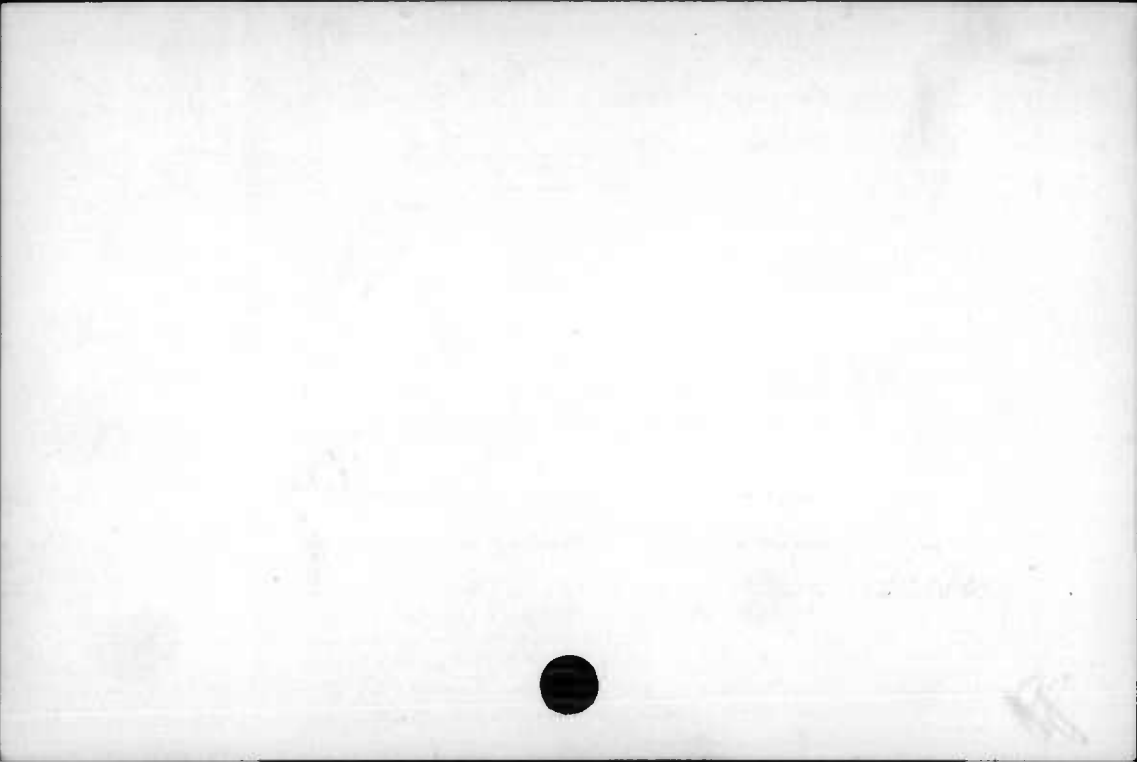
Signature of Physician

Address

Accident or Suicide?



Name in Full <b>Sarah A. Shaver</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Fredrick</b> <sup>Town</sup>		<b>Fredrick</b> <sup>County</sup>
	Date of death <b>1907</b>		<b>12</b> <sup>Month</sup> <b>24</b> <sup>Day</sup> <b>71</b> <sup>Years</sup> <b>Months</b> <b>Days</b>
	Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>MD</b>
	Occupation <b>none</b>	Where Residing if not at place of death <b>~</b>	
	<del>Married, Single</del> <del>Widowed</del>	Name of <del>Wife or</del> <b>Theodore A Shaver</b> <sup>Husband</sup>	
	Father's Name <b>Ezra Sember</b>	Father's Birthplace <b>Fredrick</b>	
	Mother's Maiden Name <b>Margaret F. Fisher</b>	Mother's Birthplace <b>Fredrick</b>	
Name of person giving information <b>Mr John Sember</b>	How related to deceased <b>Brother</b>		
<b>CAUSES OF DEATH</b>			
PHYSICIAN OR CORONER	Primary <b>Chronic Mitral Regurgitation (Heart)</b>	How long <b>30 years</b>	
	Immediate <b>Heart Exhaustion</b>	How long <b>two weeks</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Wm Crawford Brown</b>	
		Address <b>Fredrick Md</b>	
	Accident or Suicide? <b>no</b>		



Name  
in  
Full

Mrs. Mary Shildt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at near <sup>Town</sup> Woodboro<sup>County</sup> Frederick

Date of death 1907 Dec

Day 7

Age 96

Months —

Days —

Sex Female

Color or Race

White

Birth-place

Don't know

Occupation

none

Where Residing if not at place of death

at Saml Shildt's - near Woodboro -

Married, Single or Widowed

Widow

Name of Wife or Husband

Father's Name

John Elise

Father's Birthplace

—

Mother's Maiden Name

Mother's Birthplace

—

Name of person giving information

Samuel Shildt

How related to deceased

Son

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

old age

How long

—

Immediate

Senile Debility

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. L. Hammond

Address

Woodboro,

M-d. on

Accident or Suicide?

I did not attend the afore-  
mentioned party in her ~~last~~  
illness, but suppose that she  
died from perils causes, & there-  
fore at the request of her son,  
Samuel Shildt, furnish this  
certificate, because the under-  
taker refused to do so.

R. L. Hammond.

Name  
in  
Full

Mary Short

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

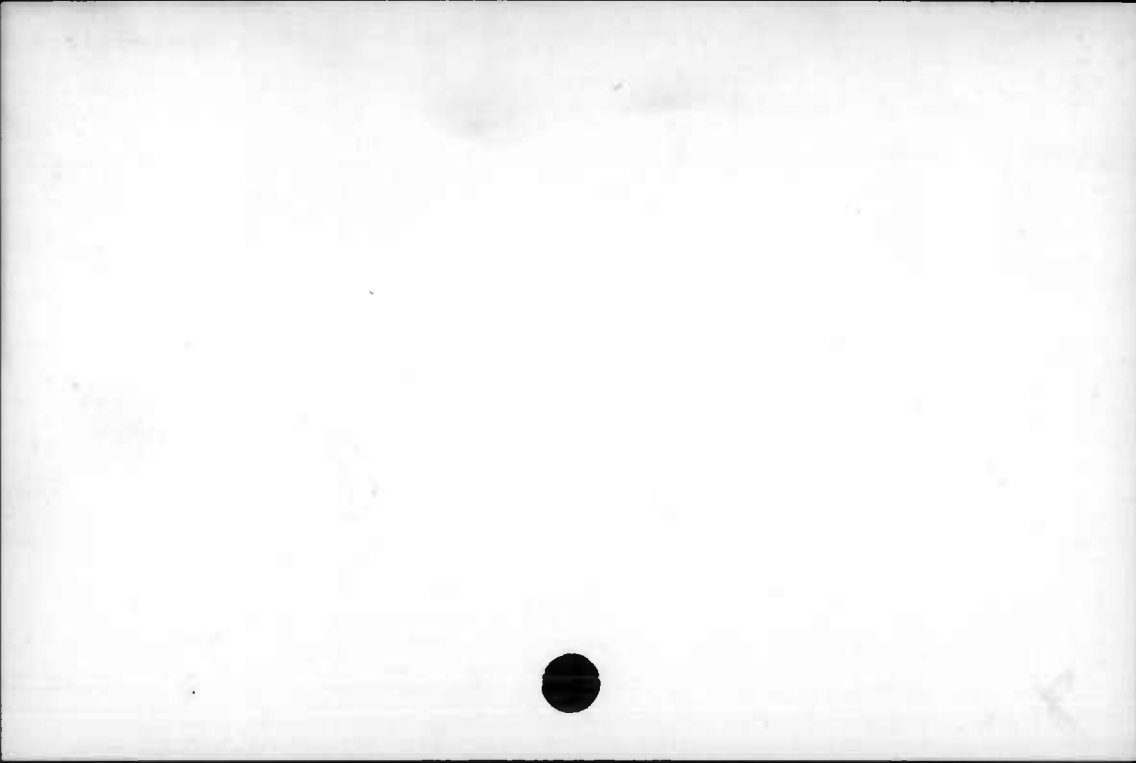
Died at <i>near Linckiln</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>7</i>	Age <i>69</i>	Months <i>9</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Farmington, Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Aaron W. Short</i>				
Father's Name <i>Elias Powell</i>	Father's Birthplace <i>Farmington, Md.</i>				
Mother's Maiden Name <i>Elizabeth M. Knight</i>	Mother's Birthplace <i>Farmington, Md.</i>				
Name of person giving information <i>Mrs Ernest Michall</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>One year</i>
Immediate <i>Apoplexy</i>	How long <i>about one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Hendrix, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Smyth

## CERTIFICATE OF DEATH

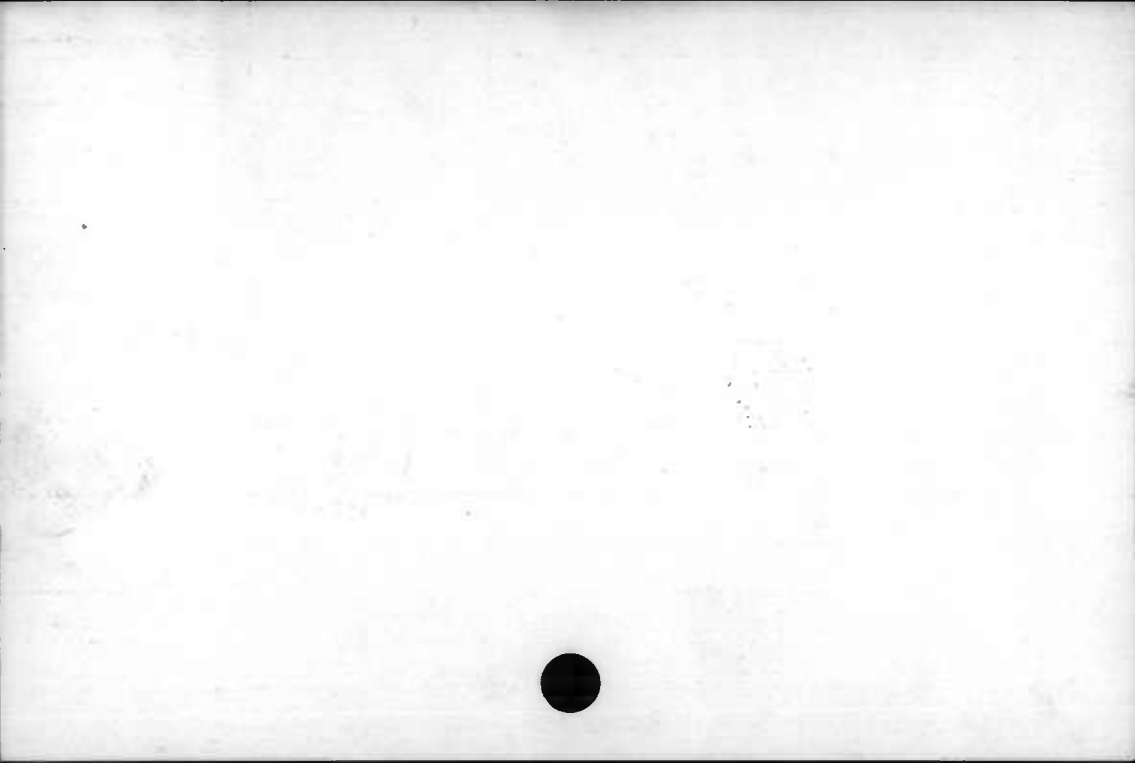
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brimmville		County Frederick		MARYLAND	
Date of death		1907	Month Dec.	Day 25	Age Dead	in	Months inter
Sex Female		Color or Race white		Birth- place Brimmville			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name C. W. Smyth				Father's Birthplace W.D.C.			
Mother's Maiden Name Riggin Coulton				Mother's Birthplace Md			
Name of person giving information C. W. Smyth				How related to deceased father			

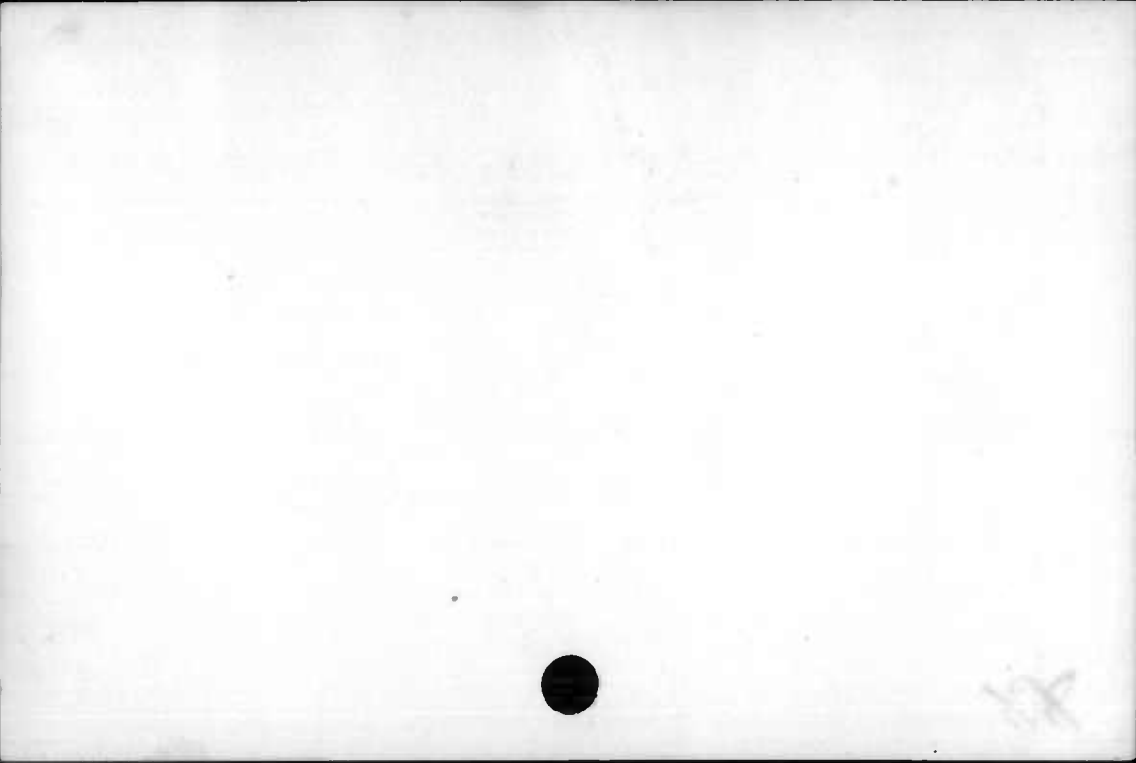
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dead in utero - about	How long	term -
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		C. W. R. Coulton	
		Address Brimmville	
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Frederick		Frederick		MARYLAND						
		Date of death		1907	Month	Dec	Day	10	Age	67	Months	7	Days	11
		Sex		Female		Color or Race		Caucasian		Birth-place		Md		
		Occupation				none				Where Residing if not at place of death				
		Married, Single or Widowed		single		Name of Wife or Husband								
		Father's Name		John Lehman				Father's Birthplace		Frithland Liffery Co Ireland				
		Mother's Maiden Name		Eliza Gound				Mother's Birthplace		Baltimore Md				
Name of person giving information		From Life written by Dr. C. C. C.				How related to deceased								
		CAUSES OF DEATH				120								
PHYSICIAN OR CORONER		Primary		Cirrhosis of Kidney				How long						
		Immediate		Meningitis				How long						
		Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Wm Crawford				
		Address		Frederick				Md						
Accident or Suicide?		no												



Name  
in  
Full

*Wm H. Wagner*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

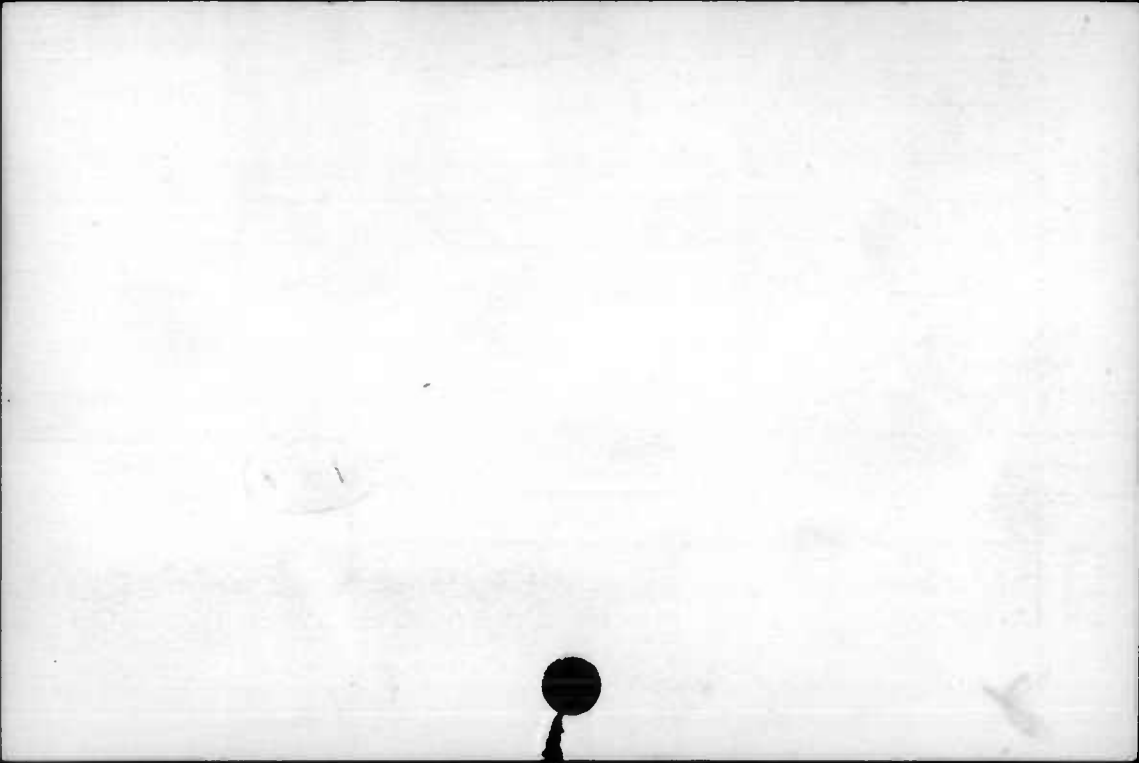
Died at <i>Hoodsboro</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>12</i>	Day <i>28</i>	Age <i>77</i>	Months <i>4</i>	Days <i>21</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Hoodsboro Md</i>		
Occupation <i>Physician</i>	Where Residing if not at place of death <i>Hoodsboro Md</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <del>_____</del>				
Father's Name <i>David Wagner</i>	Father's Birthplace _____				
Mother's Maiden Name <i>Rebecca Wagner</i>	Mother's Birthplace _____				
Name of person giving information <i>Family Bible</i>	How related to deceased _____				

CAUSES OF DEATH

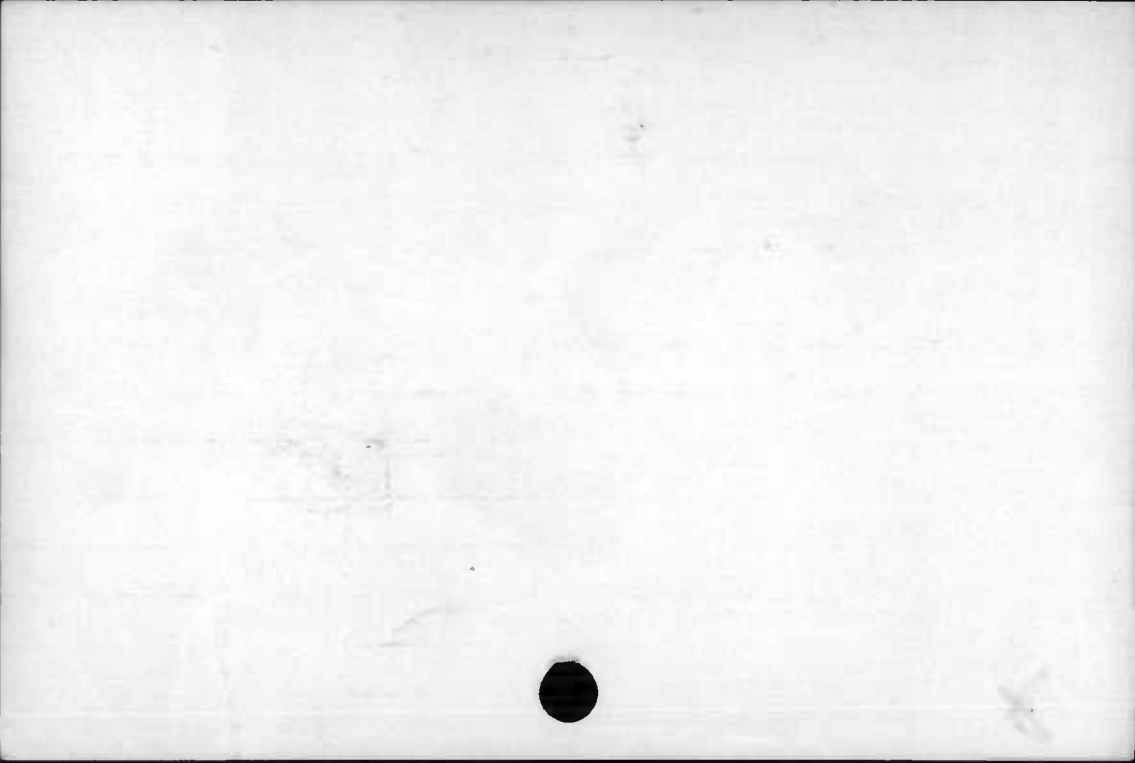
**154**

PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>	How long _____
Immediate <i>Apoplexy (Supposed)</i>	How long <i>and suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Bible M.D.</i>
	Address <i>Hoodsboro Md</i>
Accident or Suicide? _____	



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Tilghent Hill</i> Town			County <i>Fred</i>		MARYLAND	
		Date of death 190 <i>7</i>		Month <i>Dec.</i>	Day <i>18</i>	Years <i>67(?)</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>		
		Married, Single or Widowed <i>Widowed</i>			Occupation <i>Labrer</i>			
		Name of Wife or Husband <i>Priscilla Weader (Deceased)</i>						
		Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>		
		Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>		
		Name of person giving information <i>Geo Weader</i>				How related to deceased <i>Son</i>		
		CAUSES OF DEATH				(64)		
PHYSICIAN OR CORONER		Primary <i>Bronchial Asthma</i>				How long <i>5 or 6 yrs</i>		
		Immediate <i>Cerebral hemorrhage</i>				How long <i>2 hr</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>T. Clyde Rounton</i>		
						Address <i>Buckley's Town</i>		
		Accident or Suicide? <i>—</i>						





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Town		County		MARYLAND	
Died at		Emmitsburg		Frederick			
Date of death		Month	Day	Age	Years	Months	Days
1907		December	15	92		6	25
Sex		Color or Race		Birth-place			
Female		White		Near Emmitsburg			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
		Henry Winters					
Father's Name		Father's Birthplace					
Jacob Rowe		Don't know					
Mother's Maiden Name		Mother's Birthplace					
Susana Smith		" "					
Name of person giving information		How related to deceased					
Mrs. Geo. L. Gillelan		Niece					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Senility	How long
Immediate	The Same	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Michaelberger
		Address
		Emmitsburg
		Maryland
Accident or Suicide?		

